THE JOURNAL

of the American Medical Association

Published Under the Auspices of the Board of Trustees

VOL. 147, NO. 5 — CHICAGO, ILLINOIS — SEPTEMBER 29, 1951

COPYRIGHT, 1951, BY AMERICAN MEDICAL ASSOCIATION

THE GENERAL PRACTITIONER AND THE HOSPITAL

CHAIRMAN'S ADDRESS

Lester D. Bibler, M.D., Indianapolis

Before delving into the present problem of the general practitioner and hospital staff privileges, I should like to say something about the history of the problem, to show why the general practitioner is so much more concerned today than he was many years ago about his relationship to the hospital.

Back in the horse-and-buggy days the family doctor was regarded as the important man of medicine. He was friend and advisor, as well as doctor, to his patients, and the home was his area of practice. The specialist was an awe-inspiring gentleman in a Prince Albert coat, who was seen but rarely, and when he was called into the home for consultation it meant that "mother was really in a bad way."

That picture slowly changed, and gradually the public came to regard the specialist as the guaranteed competent man in his field, while the general practitioner was a fellow who gave insurance "physicals" and dispensed prescriptions for simple aches and pains, a man to be by-passed if one could diagnose for himself just what specialized part of his body was ailing and refer himself to the proper specialist.

In short, the general practitioner was out of style. This attitude towards general practice was not only shown by the layman but was reflected in such places as military service, where the young man with a specialty diploma went into military medical service with a far better chance of promotion than the older clinician who had no board certificate.

The effect on the young man of medicine of the various attitudes was such that he often felt he owed it to himself to specialize. Otherwise, he might be accused of wasting his talents, of stunting his medical education, of having no ambition.

Today a different attitude is apparent. In the past few years there has been a reaction against over-specialization, not only among the physicians but also among laymen. Part of this has been owing to the increasing difficulty of rural and small urban communities to obtain adequate medical care, and the realization that these communities needed men who could practice the wide range of medicine, surgery, and obstetrics. In short, there was a need for the general practitioner, especially the young general practitioner. Hence there has been a demand that medical schools turn out more "country doctors" and family physicians.

The realization of the need for more doctors equipped to manage a general practice has been accompanied with a growing rediscovery of the unique values of the general practitioner. One of the reasons for this new appreciation is the growth of interest, on the part of laymen as well as doctors, in the "new" subject of psychosomatic medicine. Older persons, studying the kernel principle of psychosomatic medicine—"treat the whole patient, the mind and the body together"—realized that that was just what the old family doctor used to do all along.

More and more persons today express the need for a physician whose training qualifies him to treat the whole patient, as well as serve as the family doctor. There is a growing demand for the general practitioner, the man who knows his families, knows their history, knows their resources and what they can afford, and knows his medicine and is able, when necessary, to call in the right specialist for consultation.

It has been agreed then that there should be more personal medicine and that the family physician should act more like the reliable old horse-and-buggy doctor. But people are just beginning to realize that the general practitioner can no longer dispense healing from his buggy. Times have changed. Doctor and patient see more and more of each other in the hospital and less at the home bedside.

A few statistics will show what has happened. In the last 20 years, births in hospitals have increased from approximately 600,000 to over 2,800,000, an increase of more than 450%. And hospital admissions, of all classes of patients, have just about tripled in the same period of time.

Read before the Section on General Practice at the One Hundredth Annual Session of the American Medical Association, Atlantic City, June 13, 1951.

There are, of course, many factors which have made the hospital more and more important as a place of treatment. One of these is the growth of hospital insurance plans which make hospitalization accessible to a greater number of people. Another is the development of new and more potent methods of therapy which can be used properly only in the hospital's environment of continuous watchfulness and high-quality care.

What does this mean? It means that the general practitioner of today, if he is to serve his patients as the old family doctor did, must have access to the hospital as an area of therapy where he can apply his modern knowledge to the treatment of his patients.

It has been said that, "A doctor in private practice without access to a hospital is like a carpenter without tools." This pretty much describes the plight of many general practitioners who have no hospital staff appointments.

Many general practitioners have discovered that they are treated very much like the new father who peers through the protective glass window of the hospital nursery—on the outside looking in. They have found that many hospitals regard them pretty much like an expectant father, whose function is completed before the patient enters the hospital.

Probably the three biggest problems the general practitioner has today are the obtaining of a hospital staff appointment, the admission of his patients to the hospital when he has a staff appointment, and the opportunity to perform such procedures in the hospital as he is qualified by training and experience to do.

A great deal has been written and spoken on why the general practitioner finds it difficult to gain acceptance in the hospital. The most frequent answer is that the hospital has become "board-minded." But why have hospitals become "board-minded"?

From what I have read and heard and experienced, there seem to be two prominent reasons, both owing to the hospital's desire to make itself the best institution possible.

One reason is that many hospitals wish to make available to the public the most skilled services possible, and it is easy to decide that no staff could give better medical service than a staff of specialists. So, many a well-intentioned hospital has limited its active staff to specialists, not realizing that it has done a disservice to the community by not allowing the general practitioner to practice all his skills.

The other reason is the desire of hospitals to make themselves acceptable for residency training in order to encourage interns to continue service. To be acceptable for a residency in a particular department, a hospital has had to have a diplomate of the appropriate specialty board serve as head of the department. So, ambitious hospitals find themselves with a board member heading every department. The general practitioner's trouble comes when the department head, in determining the rules of his department, has to decide who may practice in his department.

The department head has two choices. He can set up a committee to study the qualifications of individual doctors to perform specific procedures in any department. This means many headaches and much work. Or, he can take the simpler way out and say that doctors can practice in his department if their qualifications are already attested by board certification or by membership in some specialty society. This means far fewer headaches and much less administrative work.

Adopting the simpler method of course means that, without any malice toward them, the general practitioners will be left out in the cold, the unfortunate victims of good intention.

In the past five or six years there has been persistent study of the status of the general practitioner and of his role on the hospital staff. From that sifting and winnowing, conducted not only by general practitioners, but also by hospital officials, the specialty advisory boards, the American Medical Association, and others, three principles have crystallized. These are as follows:

1. Any physician who is qualified to practice medicine and who is licensed and reputable deserves a hospital staff appointment.

2. A doctor should be allowed to perform in the hospital any procedures he is qualified to perform as determined by his professional colleagues of the hospital, rather than on the basis of certification or special society membership.

3. The hospitals have a responsibility to make available facilities and opportunities for graduate self-training within the hospitals, so that modern standards may be advanced by general practitioners as well as by specialists.

These principles are to be found again and again in the articles and talks devoted to the subject of the general practitioner and the hospital. What is being done to apply these principles to practice? A great deal has been done and is being done, and we hope more will continue to be done to implement these principles.

To return to the first principle, that every qualified doctor should have a staff appointment, no hospital wishes to change its department standards to include the general practitioner since there seems to be danger that its residency qualifications might be impaired. In this situation the answer to the problem of integrating the general clinician into the hospital staff is the general practice department or section. Many hospitals have already found that such a section provides properly for appointments of general practitioners without radical change of staff organization. Through it the general practitioner has a voice in staff government.

In 1946 the House of Delegates of the American Medical Association adopted a resolution encouraging hospitals to establish general practitioner services. "Such a general practice section," the resolution read, "shall not *per se* prevent approval of a hospital for the training of interns and for residencies."

Concerning the second principle, that rather than impose arbitrary limitations a doctor should be permitted to perform that which he is qualified to do, I think that it is very difficult to put forth an argument to deny a man the right to perform that in which he is qualified. If it means letting him do those procedures in the hospital, then he must be permitted to do them there. If he is frustrated in his attempts to give his patients the best

V 14
1951

care, the doctor will either lapse into unambitious lethargy, or he may perform those procedures he knows in irregular institutions and attempt to perform others in which he is not yet skilled. The hospital is the place for all but the simplest of surgical procedures. It is there that the general practitioner must be allowed to perform the procedures in which he is skilled, and it is there that he should learn under skilled supervision those procedures which he wants to learn.

This brings us to the third principle, that of providing the general practitioner with the opportunity to continue his postgraduate self-education in the hospital. This means not only providing opportunities for present general practitioners to find the answers to their scientific questions, but also providing training for the young doctors who will become the general practitioners of tomorrow, through association under general practitioners in teaching hospitals.

No hospital wishes to lower the standards of the care available to the community. Therefore, it is to the hospital's advantage to offer a continuous educational program for the general practitioner, so that he is kept constantly abreast of new developments.

A very interesting educational experiment is being conducted at the Rochester (N. Y.) General Hospital. The general practitioners' training program permits doctors to be better general practitioners; also, the doctor who would like eventually to limit his practice to one field of medicine may take more and more specialty work at the hospital. When he has advanced sufficiently, he may change his appointment to a specialty division.

Of course, we don't want all our general practitioners to become specialists, but it is encouraging to see well-planned programs like that of the Rochester General Hospital, which enable the general practitioner to advance himself as he desires.

The general practitioner's place in the hospital postgraduate education program is not just as a receiver of knowledge. He is not only a voluntary student, but a promising teacher as well. The general practitioner has already been integrated into the teaching staffs of some medical schools in order to bring the student the general practitioner's slant on medical practice, and the general practitioner has also been invited to participate in teaching in many hospitals. The members of the general practice department who have teaching ability should be encouraged to participate in departmental meetings and in the teaching activities of the hospital staff. The value of having the general practitioner on the teaching staff of a hospital which offers a general practice residency is recognized, but the general practitioner is also a valuable man on the teaching staff of any hospital. He is well-fitted by his wide scope of medical activity to guide a house staff in subjects such as medicine as an art, in medical economics and medical ethics, and in community and industrial health facilities. He will be able to give the intern an impression of what general practice is like, knowledge of which interns, as well as medical students, lack to a great degree. Both groups work and study in an atmosphere pervaded by the promise of specialization, so that it is no wonder that in such an environment a young doctor thinks more often of going into a specialty than he does of entering general practice.

If the young men who are needed to go into small-town practice are to get an inkling of what general practice is like, they must not only be shown the medical school's interest in training doctors for small-town general practice but also should be exposed to general practice and general practitioners in their internship and residency at the hospital.

I am happy to say that a great deal of promising work is being done now. It is gratifying to see some of the medical schools stressing general practice in their schools and setting up general practice residencies in their university hospital. Other general hospitals are organizing general practice departments, setting up general practice residencies, and are exploring the field of continuing postgraduate education for general practitioners. The American Academy of General Practice has shown its constructive value, as evidenced in part by its "Manual on the Establishment and Operation of General Practice Department in Hospitals." Medical societies and hospital groups have held symposia to discuss the integration of the general practitioner into the hospital staff. And this Section on General Practice of the American Medical Association has served as a valuable example of the general practitioner's place in medical organization.

I have not previously mentioned the problem of the hospital standardization program. It is as yet unsettled. But I will close with the sincere expectation that when it is decided what body shall operate the hospital standardization program, the general practitioner will be justly represented on it, and that that body will affirm the following three principles: that every reputable physician should have a hospital staff appointment; that every staff physician be entitled to perform in the hospital those procedures in which he has demonstrated his proficiency; and that the hospital should provide the opportunity for every physician, general practitioner and specialist, to perfect himself in his art.

445 N. Pennsylvania St.

Metabolism.—The modern science of metabolism may be taken to date from the experiments of Lavoisier, carried out toward the end of the eighteenth century. He demonstrated that animal heat was the result of the oxidation of carbon in the body, and compared the process to the burning of a candle or any other combustible material. The process in either case involved the consumption of oxygen and the formation of carbon dioxide. Lavoisier and the physicist Laplace placed a guinea-pig in a closed chamber and determined the quantity of carbon dioxide eliminated in a 10-hour period. The same quantity of carbon dioxide was found to be produced by the animal's body as when 3.3 grams of pure carbon were burned in air. The guinea-pig was next placed in a closed space surrounded by ice. The heat given out by the animal's body during a 10-hour period was calculated from the quantity of ice which had melted. Three and three-tenths grams of carbon burned in a similar ice calorimeter were found to generate an amount of heat comparable with that given off by the animal. It was therefore concluded that the heat generated by the animal and the carbon dioxide eliminated by the lungs were the result of the combustion of approximately 3.3 grams of the body's carbon. Thus, the parallelism between the amount of heat generated in the animal body and the quantity of carbon dioxide eliminated was demonstrated.—Charles Herbert Best, M.D., and Norman Burke Taylor, M.D., *The Physiological Basis of Medical Practice*, The Williams & Wilkins Company, Baltimore, 1950, p. 607.

SURGICAL PROBLEMS OF DUODENAL ULCER

Frederic W. Bancroft, M.D., New York

Dr. Kellogg Speed once described fracture of the neck of the femur as the unsolved fracture. Duodenal ulcer may well be termed the unsolved ulcer. It has become more and more of a problem of surgical therapy and, even with the best of surgery, unforeseen complications may result.

There are, I believe, four definite indications for surgical intervention. They are (1) massive gastric hemorrhage, which demands an immediate operative procedure in order to save life; (2) recurrent hemorrhages of sufficient moment to have exsanguinated the patient despite adequate and prolonged medical care; (3) gastric retention, with persistent vomiting of food retained for a considerable period—manifested on physical examination by an audible splash and on roentgenologic examination by deformity in the region of the pylorus and evidence that the stomach does not empty itself and is becoming definitely dilated; (4) pain that has not been relieved by thorough medical therapy, including bed rest.

If these indications for surgical therapy are accepted, the surgeon should attempt to do the following: (1) remove the ulcer if possible; (2) excise the gastric antrum or its mucosa whenever possible, because it has been definitely shown that the antrum produces a hormone, gastrin, which activates the acid-forming cells of the cardia; (3) provide a free reflux of bile into the stomach.

Boyd has adequately shown that in the normal stomach, during the latter part of digestion, acidity is diminished by the reflux of bile and alkaline juices through the pylorus. He has demonstrated this not only by gastric washings but also by adequate radiographic studies of gastric motility. In duodenal ulcer there is a spasm of the pylorus, reflex in origin, but also possibly caused by scar-tissue infiltration of the pyloric ring. It is for this reason that there is higher acidity in duodenal ulcer than in gastric ulcer, and this higher acidity must, of itself, influence therapeutic measures. In order to allow a satisfactory alkalinization, it is advisable to have a vertical stomach with adequate bile reflux and fairly rapid emptying time. This prevents the accumulation of too much acid within the stomach itself.

It is because of the above aims that surgery in duodenal ulcer has become a much more radical procedure than it was in the past. Formerly, pyloroplasties would not allow the free reflux of bile into the stomach. They did not remove the pyloric antrum, and, while occasional cures resulted from pyloroplasties, the percentage of cures was too low. The same was true of gastroenterostomies. Gastroenterostomy does not remove the antrum, and it does not allow a sufficient stoma for the neutralization of the gastric juices during the latter part of digestion. While a subtotal gastrectomy is a major procedure for a duodenal ulcer, it becomes the operation of choice when the fact is accepted that only medical failures are subjected to surgery.

Let us discuss the first-mentioned indication for surgery, acute gastric hemorrhage. There are some patients who bleed so excessively that transfusions will not control hemorrhage and immediate gastrectomy is necessary.

There has been great improvement during the past five years in both the medical and surgical therapy for massive hemorrage from the duodenum. For instance, Dr. Harold D. Harvey at the meeting of the New York Surgical Society on Feb. 8, 1950, reported that during the period from 1930 to 1937, of 6 patients who had emergency operations for severe gastric hemorrhage, four died—a mortality of 66.7%—whereas, in 1948, 15 patients with a similar condition were operated on and only 1 died—a mortality of 6.7%. However, this diminished mortality does not mean diminished morbidity, since, of the 14 patients who survived, five had serious complications after operation, as follows: (1) duodenal stump leak—secondary hemorrhage controlled by second operation; (2) probably multiple emboli—severe paralytic ileus; (3) wound disruption with evisceration—jejunal fistula, with operation to relieve this, and mild postoperative bleeding; (4) secondary hemorrhage, probably from ulcer—massive thrombophlebitis with pulmonary infarct; (5) biliary fistula (possibly from a gallbladder that was opened at operation).

While only one of the 15 patients died, if all had not been under good hospital care and surgical observation, the mortality would probably have been much higher.

INDICATIONS FOR SURGERY

Recurrent Hemorrhages.—When a patient who comes to a surgeon for consideration of operation has, in his past history, had at least two massive hemorrhages, it is much better to recommend operation than to wait for the next hemorrhage and then have to perform an emergency procedure with greater risk. It has been shown that if surgery is necessary there is no operation that will prevent the recurring hemorrhage except subtotal gastrectomy. In other words, one has to perform an operation of considerable magnitude on a patient who has bled profusely. Unfortunately, there is no minor procedure that guarantees the patient's recovery and prevention of continued hemorrhages.

Gastric Retention.—The retention of barium sulfate in the stomach for more than six hours is definite indication for a surgical procedure. Gastric retention often occurs in the older age group. In fact, in a recent summary, it was shown that 30% of duodenal ulcer patients may be over 60 yr. of age when they have their first symptoms. When there is a definite scar-tissue ulcer, nonactive, patients in this group do well with gastroenterostomy. For the younger age group, subtotal gastrectomy is advocated.

Unrelieved Pain.—Constituting by far the largest percentage of cases referred to the surgeon are the patients who have been on adequate medical therapy, which has

V 14
1951

often included bed rest, but who still have persistent pain and subacute attacks that mean hospitalization and diminished productivity. Assuming that surgical therapy is decided on in this type of case, what operative procedure should be considered and what are the dangers associated with it?

As only medical failures are now being operated on, the radical subtotal gastrectomy has become the operation of choice. There are, however, certain hazards in this procedure that bear discussion. The most important immediate postoperative hazard is rupture of the duodenal stump. There are probably several reasons why this occurs. The first and most important is back pressure from the afferent loop of the gastrojejunostomy following resection. When one realizes that about 1,500 cc. of bile and pancreatic juice is secreted in 24 hr., one can readily see why obstruction of the afferent loop with back pressure can cause a rupture. The Hofmeister type of anastomosis, because it diminishes the size of the stoma that is present in end-to-side anastomosis, is of advantage because it allows the tacking up of the afferent loop before it enters the stoma and thereby may prevent kinking.

Assuming that one cannot do a satisfactory closure of the duodenal stump because of edema or the low position of the ulcer in the second part of the duodenum and the operator fears injury to the common duct, what precautions should one take? In this type of case Lahey has advised opening the common duct and passing a tube downward through the papilla of Vater so that the operator may readily recognize the position of the duct. Opening the duodenum wide, inserting a sponge and seeing how far below the transection one gets bile on the sponge, is also an aid. When one finds difficulty in satisfactory closure of the duodenal stump, Whipple has advocated inserting a catheter into the end of the stump, anchoring it with a purse-string suture and possibly inserting a second purse-string suture with inversion. The distal end of the catheter is then drawn out through a stab wound. This creates primarily a duodenal fistula, but in the cases in which this has been done there has been no persistent fistula after withdrawal of the catheter in the later postoperative stage. When the ulcer has had to be shaved off the head of the pancreas, there is always danger of pancreatic drainage, and I believe that in practically every case of subtotal gastrectomy a drain should be inserted to the duodenal stump and possibly anchored.

In a recent case at the Bronx Veterans Hospital, a duodenal ulcer patient was lost because of insufficient drainage to the duodenal stump. Evidently, in the closing the drain had migrated upward. It was not in the region of the stump, and a large subhepatic biliary abscess caused the death of the patient.

Whipple advocates a sump type of drain to the duodenal stump. This drain should be anchored by one stitch in the neighborhood of the stump so that it cannot migrate because of the closure of the wound or the postoperative vomiting and distention. I believe that, in general, if the gastrojejunostomy has been carefully performed without tension and with satisfactory mucosal and serosal sutures, infection or leakage from the stoma is a relatively rare complication.

In 1931, because we were perturbed by the relative frequency of duodenal stump ruptures and had learned that the Finsterer operation of pyloric exclusion had not met with favorable results, it occurred to Lewis Gregory Cole and myself that, if the mucosa of the prepyloric end of the stomach could be coned out, two purposes could be accomplished: 1. The acid hormone-producing mucosa of the antrum could be excised. 2. A firm, strong muscularis suture proximal to the pylorus in the antrum of the stomach could be made possible.

We had tried the Finsterer pyloric exclusion operation on dogs without coning out the mucosa and had found that a blind gastric pouch filled with bile and gastric juice resulted, which was accompanied by a marked inflammatory process of the mucosa. We therefore developed a procedure that we called "A modification of the Devine Operation of Pyloric Exclusion."

When I published this procedure in 1932, I reported the follow-ups on 14 cases. I have done many since then. I have used this procedure only when it seemed to me that the following two dangers offered more hazard to the patient than did the operation of pyloric exclusion: (1) dissection to free the ulcer penetrating into the pancreas and (2) rupture of an insecure closure of the duodenal stump. I agree that when the ulcer can be removed with safety subtotal gastrectomy is the operation of choice, but in 10% to 20% of cases of duodenal ulcer the danger of excision of the duodenum adds to the mortality risk of the patient.

In the October, 1949, issue of the *British Journal of Surgery* Makkas and Marangos report their results with what they call the Bancroft-Plenk method of antral exclusion, which they use in difficult cases. Plenk's modification was published in 1936, four years after mine, and the only variation I can find is that he does not try to invert the serosal surface of the antrum but places two purse-string sutures in the muscularis of the antrum. I had described placing two purse-string sutures in the muscularis and a third one to invert the serosa in order to prevent adhesions. Since the original description in my paper, I have modified my procedure in that I resect the middle third of the stomach. This allows me to do as complete a subtotal gastrectomy as one does with the radical procedure and to utilize the Hofmeister modification. I transect the stomach distally about 3 in. (7.62 cm.) proximal to the pylorus, excising the middle portion. This allows sufficient space at the antrum to cone out the mucosa down to the pylorus and to close the stump adequately with two layers of purse-string muscularis and a third inverting serosal suture.

Makkas and Marangos state that at the Makkas Clinic the Bancroft-Plenk operation was performed upon 243 patients with a mortality of 2.3%. Plenk has reported a mortality of 2.6% in 116 cases operated upon by this method.

Paraskevas and Sapkas, in 1948, reported follow-ups on the operation of exclusion without removal of the

pylorus. All of their patients did very well. Some of them put on weight up to 25 kg. and were able to return to their original jobs. No suspicion of recurrent ulceration was noted in the cases followed.

My own follow-ups have been similar to those described by Paraskevas and Sapkas, and I have had one patient with marginal ulcer who was taken care of at another hospital. The remainder of the patients have done as well as any of those on whom I have done the radical operation, and the mortality has been less.

Makkas and Marangos also state in their article that there are certain nonexcisable types of duodenal ulcer. Many surgeons will concur because it is known that if such a duodenal ulcer is excised, a duodenal fistula or a biliary subphrenic abscess may result.

There has been a marked variation of opinion in the last few years as to the value of retrocolic or antecolic type of anastomosis. At least 10 yr. ago practically every operation was done by the retrocolic method. Then came a period when the antecolic method was advised because edema of the mesocolon created stricture in the stoma. My own experience and the experience of many other surgeons has been that there are just as many complications from the antecolic procedure. The stoma may become adherent to the abdominal wall. Kinking of the afferent and efferent loop is as likely to occur in the antecolic, as in the retrocolic procedure. Moreover, in most people, this method necessitates a rather wide resection of the omentum because the omentum may twine around the stoma and create an obstruction, and if it is a fatty omentum it must be resected in order that sufficient intestine may anastomose with the gastric stump without tension. It is true that if a secondary procedure has to be performed the antecolic is easier to approach than the retrocolic, but I do not think that this is sufficient reason to adopt the antecolic anastomosis. Physiologically, if the retrocolic stoma works satisfactorily, a short jejunal loop with less antiperistaltic reflux gives a better-functioning stoma and the patients have less distress from gas.

In a gastrojejunostomy, as with any anastomosis on intestines, there should be a proximal vent to relieve gas and fluid distention. A Levin tube has proved a lifesaver as a postoperative treatment following gastric resection. It can, however, fail to function if not thoroughly watched. To insert a Levin tube and place the patient on Wangensteen suction may prove a boomerang. The openings in the Levin tube may fill with blood clots, and one may be lulled into false security in feeling that the stomach is being properly decompressed. I personally prefer not to use the Wangensteen suction but, rather, to place the patient on irrigations with isotonic sodium chloride solution and suction every two to three hours postoperatively and to allow gravity drainage to take place between these procedures.

Having passed the first seven or eight postoperative days after resection, there is still another hazard that one may encounter. Often, after an increase of the diet on the sixth or seventh day, the patient starts vomiting, and if a Levin tube is inserted one is surprised at the amount of retention that can occur in a stomach that, in the operator's opinion, has been resected by at least three-fourths. I have seen 1,000 cc. recovered from a stomach that I would have felt would not hold more than 300 cc. When this complication occurs, it is usually due to edema of the stoma, and the patient must be put on parenteral feeding and repeated gastric lavage. This complication may persist for several days, and it tries a surgeon's soul to decide whether or not there is a definite obstruction to the efferent loop that needs operative intervention. If one has the patience to wait, in many of these cases there is recovery without operative intervention.

During this period of waiting, the surgeon must be certain that there is sufficient protein intake to prevent hypoproteinemia and that there is not a sodium-potassium shift. Sodium is the main component of tissue fluids, whereas potassium is the main component of the individual body cell. With persistent diarrhea, prolonged shock or alkalosis, potassium may escape from the cell and its position be occupied by sodium. This is followed by profound weakness, cyanosis and definite electrocardiographic changes. All of us have lost patients we could have saved if we had had the knowledge to give potassium intravenously when this complication occurred.

In the October, 1949, issue of the *British Journal of Surgery,* Andrew Muir describes postgastrectomy syndromes, and if the results were all as poor as he indicates in this article, I believe that most of us would give up the operation. He analyzes the symptoms of 124 patients who had undergone subtotal gastrectomy. Prof. C. F. Illingworth performed 92 of the operations in the Western Infirmary, Glasgow, Scotland, and the remainder were done by Mr. W. J. M. Brandon at Law Hospital, Lanarkshire. Muir classified the symptoms into six groups in the following order of incidence and importance: (1) the dumping syndrome; (2) failure to gain weight after operation; (3) psychoneurotic symptoms; (4) bilious regurgitation and vomiting; (5) hypoglycemic attacks; (6) deficiency syndromes.

Muir states that 90 patients out of the 124 followed, or 72.6%, suffered from the dumping syndrome. Fifteen of these were unable to resume work for an average period of five months following operation. He theorizes on the probable causes, and he believes that rapid dumping with dilatation of the efferent loop is probably the main cause. Studies of blood sugar did not show hyperglycemia followed by hypoglycemia during the dumping syndrome. As this high percentage of dumping syndrome is much higher than has been my experience, and as statistics from the follow-up system at the Veterans Administration Hospital, Bronx, N. Y., show an incidence of 10% with only moderate symptoms, I believe that avitaminosis and the poor postoperative diet the patients have in Scotland may have been a factor.

No cure-all has been found for the dumping syndrome. Small, frequent meals, fluid restriction at meals and the recumbent position after eating may have aided the relief of this important syndrome. Fortunately the symptoms usually diminish after several months.

The majority of the patients reported by Muir who suffered from this distressing symptom had had antecolic

V 14
1951

gastrojejunostomies with rather long afferent loops. He states that three of the patients were cured by the second operation of jejunojejunostomy between the afferent and efferent loops and also states that a loop in the antecolic gastrojejunostomy creates a long proximal segment into which food readily passes, and symptoms very similar to those of the dumping syndrome are attributable to the duodenal distention so caused.

Several years ago, Dragstedt, after some interesting experimental work, suggested that the ideal treatment of duodenal ulcer when there was no gastric retention was section of the vagus nerve. This operation is popularly known as vagotomy. Dragstedt reported a fairly large group of patients who had had resection of the anterior and posterior branches of the vagus nerves as they accompany the esophagus. In his early work he did a transthoracic approach and did not perform operations on the stomach itself. Later, he changed to an abdominal approach and did the section of the vagus nerves below the diaphragm and performed a concomitant gastroenterostomy. This procedure was taken up by many surgical clinics with the hope that minor procedures with less risk could be performed on patients with duodenal ulcer.

Shortly after Dragstedt's papers were presented, we at the Bronx Veterans Hospital thought it would be satisfactory clinical research work to operate on patients with duodenal ulcer by the transthoracic approach in order that we might properly evaluate this procedure. We were certain that the two vagus nerves could be better resected from above the diaphragm. One would not be tempted by this operation to do any plastic work on the stomach or duodenum. The cases were brought up for discussion with the residents. The indications for vagotomy were recurrent symptoms of duodenal ulcer. Patients thus afflicted had not responded to medical therapy and had shown no evidence of gastric retention. Also, it was considered advisable to accept only those patients who had a high night secretion of gastric juice. Immediate follow-up results showed that there was complete or nearly complete relief of ulcer pain. Twelve-hour overnight secretion that had averaged 970 cc. preoperatively was reduced to 290 cc. in the early postoperative period. Maximum free hydrochloric acid values in the overnight specimen dropped from an average of 44 units to 24 units postoperatively.

Sauer and Healy have published a careful follow-up analysis of 50 cases of vagotomy performed by the transthoracic method. I shall not go into the details of these follow-up reports and refer you to their excellent article in the *Annals of Surgery*, December 1949. However, I should like to mention the main complications. A feeling of fullness in the epigastrium, belching, pyrosis, regurgitation and vomiting were noted in varying degrees of severity in 80% of the patients early in the postoperative course. There were associated loss of stomach tone, gastric enlargement, diminished peristalsis, diminished gastric contents, and delay in emptying time. In five patients, or 10%, such severe and unrelenting atony developed early in the postoperative period that further surgery was necessary. Gastric resection was performed on four of these five patients 3 to 15 weeks postoperatively after strenuous efforts with the use of gastric suction and bethanechol chloride (urecholine®) had failed.

All of the patients operated on and studied in this follow-up analysis were readmitted to the hospital at various times so that gastric analysis and late radiological studies could be done. The conclusions of the examiners were as follows:

> According to our data a patient who is subjected to vagotomy has one chance in five of securing complete relief; two chances in three of being benefited to some extent; and one chance in three of failure—all within an average of 18 months postoperatively. For this rather dubious benefit he must accept a small but nevertheless significant mortality risk and the unhappy prospect that his continued freedom from ulcer symptoms is by no means assured. Half the time he must also pay an additional premium in the form of persistent symptoms of gastric atony which not infrequently may be more disabling than the original ulcer.
>
> On the whole, we feel that vagotomy, even in carefully selected cases, has not proved successful in a sufficient number of cases to justify its routine use. Despite the lower operative mortality, failures are too frequent and morbidity too serious after vagotomy to justify its replacement of other proved more effective methods of surgical treatment.

CONCLUSIONS

In properly selected cases, I believe that subtotal gastrectomy is the operation of choice in duodenal ulcer.

The operation is one of considerable magnitude and demands careful preoperative treatment, excellent anesthesia, meticulous operative technique, and constant and wise postoperative observation.

In the nonresectable ulcer, the operation of pyloric exclusion with excision of the antral mucosa will save lives.

Vagotomy, save in some cases of gastrojejunal ulcer, has not justified our early hopes.

16 E. 90th St.

William Beaumont.—Beaumont published his book himself and had it printed in Plattsburgh, the first copies coming from the press in November, 1833. It is entitled "Experiments and Observations on the Gastric Juice and the Physiology of Digestion" and the heading continues "by William Beaumont, M.D., Surgeon in the U. S. Army, Plattsburgh. Printed by F. P. Allen, 1833." In the preface, the author states that his experiments "are made in the true spirit of enquiry, suggested by the very extraordinary case which gave me the opportunity of making them. I had no particular hypothesis to support; and I have therefore honestly recorded the result of each experiment exactly as it occurred. . . . I had opportunities for the examination of the interior of the stomach, and its secretions, which has never before been so fully offered to any one." The introduction narrates the story of St. Martin's accident, recovery and association with Beaumont from 1822 until 1834. In addition, there are brief sections describing the method of withdrawing gastric juice, the valve which closed the fistula and the appearance of the interior of the stomach. . . .

The book attracted favorable attention both in this country and abroad. . . . The appearance of the book established Beaumont's reputation as an investigator.—Arthur H. Smith, William Beaumont (November 21, 1785—April 25, 1853), *Journal of Nutrition*, May, 1951.

VAGOTOMY VERSUS GASTRIC RESECTION

COMPARATIVE EVALUATION OF RELATIVE EFFECTIVENESS IN A CONTROLLED SERIES OF CASES

Martin J. Healy Jr., M.D., Sidney J. Hellman, M.D.
and
Paul K. Sauer, M.D., New York

What surgical procedure should the surgeon advise for the patient with intractable peptic ulcer? Despite an unusually voluminous literature, there is still considerable disagreement on this question among surgeons and clinics throughout the country. The procedures generally advocated are gastroenterostomy, subtotal gastrectomy, and vagotomy—either alone or in combination. Most teaching clinics are in general agreement that gastroenterostomy alone should be reserved principally for the inactive ulcer with obstructive symptoms, in the presence of low acid values, and for occasions when the general condition of the patient makes gastric resection inadvisable.

The effectiveness of radical subtotal gastrectomy in controlling the symptoms of intractable ulcer has been amply established by numerous reports with careful and prolonged follow-up studies.[1] The status of this procedure as the surgical treatment of choice has in recent years been challenged by vagotomy, either alone or in combination with gastroenterostomy. Emphasis has been placed upon a low mortality rate, effective control of symptoms, and avoidance of certain of the unhappy sequelae of gastric resection.

A careful and comprehensive study of the present status of vagotomy has been recently published by Trimble and Lynn [2] to which the reader is referred for a complete bibliography. A review of the literature indicates that much of the early enthusiasm for vagotomy has abated. The accumulation of careful follow-up studies over a period of years is likely to show that the indications for vagotomy in the treatment of peptic ulcer will be considerably limited.

In this discussion we shall limit ourselves to a comparative evaluation of radical gastric resection and vagotomy. Furthermore, we will consider only cases in which vagotomy alone was performed: to include vagotomy in combination with other surgical procedures serves only to confuse the issue. We feel that this limitation is necessary and fair since the addition of other variable factors, particularly so definitive a one as gastroenterostomy, may obscure the long-term effect of nerve section alone upon the ulcer process. Although much has been written regarding the effectiveness of both gastric resection and vagotomy, very few reports compare the two procedures in anything resembling a controlled series of cases.[3]

In a comparison of the effectiveness of any therapeutic methods, it is most important that the treated groups be comparable insofar as possible. Under ideal conditions, patients in the various groupings should have entirely like characteristics and should differ only in the specific treatment they receive while under study. Such factors as age, race, sex, duration of illness, and severity of symptoms obviously may influence the final evaluation either individually or collectively. The more the groups are alike in such characteristics, the more significant will be the final comparison. One must avoid the pitfall of comparing the results of different groups of investigators unless the criteria for evaluation are known with certainty. One reporter's "good" result may be another's "fair" rating and be considered as a "failure" by a third. In order to achieve statistical validity not only must the initial selection of cases be carefully controlled but the same criteria of success or failure must be utilized to judge the final results.

In a review of reports, attention should be directed not only at the duration of the follow-up but also at the percentage of total cases followed. Statistically valid deductions frequently cannot be made from observations of a limited number of the treated group, since factors other than chance may play a large role in determining which patients appear for follow-up examinations. In a recent report [4] of 532 consecutive cases of duodenal ulcer, satisfactory follow-up information was secured in only 72.9% of them. The accuracy of the analysis of the reported cases is unquestioned, but one may well wonder if the same proportion of good and bad results prevailed in the rather substantial unknown group.

Any haphazard compilation of the reports of various clinics without regard for such basic consideration can lead only to conflicting and confusing impressions. Much more useful information is likely to be derived from a smaller group of observations in which proper controls

V 147
1951

Mrs. Ethel Skutch of the Follow-Up Clinic compiled much of the data presented in this paper.

Since the original submission of this paper for publication the average follow-up period for both groups has been extended to four years without significant alteration of the end results observed.

Reviewed in the Veterans Administration and published with the approval of the Chief Medical Director. The statements and conclusions published by the authors are a result of their own study and do not necessarily reflect the opinion or policy of the Veterans Administration.

1. (*a*) St. John, F. B.; Harvey, H. D.; Ferrer, J. M., and Sengstaken, R. W.: Results Following Subtotal Gastrectomy for Duodenal and Gastric Ulcer, Ann. Surg. **128**: 3, 1948. (*b*) Hinton, J. W.: The Intractable Duodenal Ulcer: Evaluation of Surgical Procedures, ibid. **117**: 498, 1943. (*c*) Allen, A. W., and Welch, C. E.: Gastric Resection for Duodenal Ulcer: Follow-Up Studies, ibid. **115**: 530, 1942; Subtotal Gastrectomy for Duodenal Ulcer, ibid. **124**: 688, 1946. (*d*) Sanders, R. L.: An Evaluation of the Methods of Surgical Treatment of Duodenal Ulcer, South. M. J. **40**: 567, 1947. (*e*) Rienhoff, W. F., Jr.: An Analysis of the Results of the Surgical Treatment of 260 Cases of Chronic Peptic Ulcer of the Duodenum, Ann. Surg. **121**: 583, 1945. (*f*) Wells, C., and Brewer, A. C.: The Surgery of Duodenal Ulcer, Brit. J. Surg. **35**: 364, 1948.

2. Trimble, I. R., and Lynn, D. H.: Collective Review: The Surgical Treatment of Duodenal Gastric, and Anastomotic Ulcer with Especial Reference to Vagus Resection, Internat. Abstr. Surg. **90**: 105, 1950.

3. (*a*) Garner, B. O.; Claugus, C. E.; Griffin, D. W., and Hamilton, J. E.: Surgical Treatment of Peptic Ulcer Comparing Vagotomy and Gastric Resection; Preliminary Report, South. Surgeon **16**: 150, 1950. (*b*) Warren, R., and Meadows, E. C.: Subtotal Gastrectomy or Vagotomy for Peptic Ulcerations: Early Results and Post-Operative Symptoms, New England J. Med. **240**: 367, 1949.

4. Gray, H. K., and Williams, R. R., Jr.: Results of Classic Operations for Duodenal Ulcer: 5 to 10 Year Follow-Up in 532 Cases, J. A. M. A. **141**: 509 (Oct. 22) 1949.

are established and end results evaluated on a critical and impartial basis. It was in the hope of approximating such a set of circumstances that the present study was undertaken.

CLINICAL MATERIAL

The material for this series consisted of 263 consecutive subtotal gastrectomies and 54 consecutive vagotomies performed during the four-year period from 1945 to 1948, inclusive. This represents the total number of operations of each type performed during this time at the Veterans Hospital, Bronx, New York. Gastric resections were performed for the following surgical indications: duodenal ulcer, elective, 166; duodenal ulcer, emergency massive bleeding, 2; marginal ulcer, 9; benign gastric lesions including ulcer, 39; cancer, 47. Vagotomy was performed 43 times for duodenal ulcer and 11 times for marginal ulcer. The problems of emergency hemorrhage and cancer are not within the scope of this paper. We have not performed vagotomy for gastric ulcer for fear of leaving behind a malignant lesion. Accordingly, we shall only briefly touch upon the results of subtotal gastrectomy for gastric ulcer and confine the major portion of the discussion to duodenal and marginal ulcer. We have, therefore, 166 consecutive cases in which patients with duodenal ulcer were treated by gastric resection and 43 cases in which patients were treated by vagotomy. In this latter group we have eliminated two cases of vagotomy that were combined with other surgical procedures. In the second category we have nine consecutive cases of marginal ulcer in which gastric resection was done and 11 cases of vagotomy.

DUODENAL ULCER

To establish the comparability of the groups treated by gastrectomy and vagotomy, we analyzed all of the cases with regard to certain factors that might bear upon the end result. The patients treated by gastric resection were divided into two subgroupings depending upon whether or not they demonstrated retention of barium sulfate in the stomach after four or more hours, as shown by preoperative roentgenograms. The results are listed in Table 1. It will be noted that these two subgroups treated by gastric resection are statistically comparable with regard to age spread, average and median age, race distribution, sex, type and duration of symptoms, and the surgeons performing the operations. Furthermore, either of these groups is similar in these respects to the group treated by vagotomy, except that the average patient undergoing vagotomy is seven years younger and has had ulcer symptoms for two and one-half years less than has the patient treated by gastric resection. If anything, these data would seem to favor the end results in the vagotomized group although, as will be indicated later, they do not.

It is well recognized that better surgical end results will be encountered in the obstructed, rather than in the unobstructed, patient. Is it fair, then, to include these obstructed patients in a group that is to be compared with patients treated by vagotomy for which any degree of gastric retention is here considered a contraindication? Despite the favorable weighing of the figures for gastric resection, which would result from the inclusion of this group, we have eliminated entirely the patients with any degree of obstruction, in the interests of statistical comparability. We have now reached the final stage of selection with 95 patients treated by gastric resection and 41 cases by vagotomy. It is believed that these two groups are as nearly comparable as is reasonably possible in the study of clinical cases.

In every case in both series, the following preoperative criteria had to and did obtain: (1) symptoms of intractable pain, chronic bleeding or both; (2) failure to control symptoms by adequate medical regimen; (3) evidence of active ulcer by roentgen ray; (4) no retention, clinically or by roentgen ray. At least one episode of preoperative bleeding was observed in 76% of the resection group and in 71% of the vagotomy group of patients.

Operative Procedures.—Gastric resections were of the conventional radical type with removal of an estimated two-thirds to three-fourths of the stomach in each case. Closure of the duodenal stump and gastrojejunostomy were effected in all instances with interrupted nonabsorbable surgical (silk) sutures usually associated with preliminary hemostatic or inverting layers of chromic absorbable surgical suture. The ulcer area was removed in all but 12 cases in which the surgeon felt constrained to leave the lesion behind because of its extent and location. In these instances closure was effected either by simple inversion of the proximal duodenum or by use of the Bancroft modification of the Devine exclusion technique with removal of the mucosa of the pyloric remnant. Anastomoses were of the Hofmeister type in 85 cases and of the Pólya type in 10 cases. In 23 cases the anastomosis was retrocolic and in 72 cases antecolic.

TABLE 1.—*Comparison of Treated Groups*—Duodenal Ulcer*

Basis of Comparison	Gastric Resection: Duodenal Ulcer With Obstruction	Gastric Resection: Duodenal Ulcer Without Obstruction	Vagotomy, Duodenal Ulcer Without Obstruction
Age			
Deviant	23-60 yr.	21-70 yr.	21-58 yr.
Average	43 yr.	42 yr.	35 yr.
Median	44 yr.	42 yr.	33 yr.
Race, ratio of white to Negro patients	70:1	89:6	36:5
Type of symptoms	Pain and/or bleeding	Pain and/or bleeding	Pain and/or bleeding
Duration of symptoms—average	8.8 yr.	8.3 yr.	6.0 yr.
Operation	Subtotal gastrectomy	Subtotal gastrectomy	Vagotomy

* All patients in these groups were men, and the same group of surgeons operated on each of the treated groups of patients.

Vagotomy was performed in each instance through the lower left transthoracic route with or without rib resection. In each case the vagus nerve trunks were isolated and transected and a segment of nerve removed for histological verification. Operations were performed by the full-time and attending surgeons until April, 1946, the date of establishment of the residency training program. After that date 92% of the operative procedures were performed by the resident surgeons.

Early Postoperative Results.—Gastric Resection: Following gastric resection suction with an indwelling Levin tube was maintained for two to four days in most instances followed by hourly feedings of 1 oz. (30 cc.) of liquid, which was increased to 2 and 3 oz. (60 and 90 cc.) hourly on successive days. Semisolid foods were

added on about the seventh day and gradually increased to an intermediate ulcer diet at the end of two weeks.

There were three postoperative deaths, a case fatality rate of 3.2%. The first of the patients who died developed early efferent loop obstruction necessitating lysis of adhesions on the eighth postoperative day. He died on the 24th day after resection, of toxic hepatitis, with uremia, cholemia, and bronchopneumonia. Autopsy showed toxic degeneration of the liver, spleen, kidneys, and adrenals. There was no remaining evidence of obstruction of the intestinal loops.

The second patient to die developed signs of peritonitis and died on the ninth postoperative day. Autopsy revealed a 7-mm. perforation of a duodenal ulcer left behind at operation, situated 1 cm. distal to the stump closure. There were acute diffuse peritonitis and focal acute pancreatitis.

After discharge from the hospital four weeks after resection, the third patient was readmitted nine days later with abdominal pain and a palpable mass in the left lower quadrant. Exploratory laparotomy revealed a retained laparotomy pad, two perforations in the jejunum, and markedly adherent intestinal loops that were freed. The patient went downhill with paralytic ileus and uremia and died 111 days after resection. Autopsy revealed multiple intestinal adhesions with obstruction and diffuse peritonitis.

Including the postoperative deaths, 27 complications developed in 23 cases or 24% of the group. The complications included 11 instances of atelectasis or pneumonia, four wound disruptions, three wound infections, two cases each of peritonitis, stump leakage and toxic hepatitis, and one instance each of efferent loop obstruction, splenic pedicle hemorrhage, and paraplegia.[5] An undetermined number of patients estimated at about 20%, developed dumping syndromes of varying degrees of severity before discharge from the hospital. The majority of these were transient and cleared spontaneously either before or shortly after discharge. This problem will be discussed further under "Late Complications."

Vagotomy: In all except two cases there was complete or nearly complete relief of ulcer pain immediately after operation. Overnight gastric secretion studies and insulin (Hollander) tests were performed not only before surgery but on one or more occasions in the early postoperative period. The results of these studies have been previously published in some detail.[6] To summarize briefly, there was a decrease in the 12-hr. overnight secretion volume to approximately one-fourth of the preoperative values. In the 41 cases, postoperative insulin tests were negative in 33, indicating a presumptively complete nerve section. In two cases the test was equivocal and in two cases the test was not performed because of severe atony. In four cases the result was positive with the presumption of incomplete vagotomy. In these four cases the end results were considered good in three and poor in one.

Postoperative complications occurred in 24 or 59% of the group. Most of these were pleural effusions that were of no serious consequence. The most disturbing complication was the persistent gastric atony noted in the majority of cases and that was considered severe in four. In these four cases, continued gastric suction and administration of bethanechol chloride (urecholine®) were of no avail, and further surgical intervention was required from three to 15 weeks after vagotomy. Gastric resection was successfully performed in three cases. In the fourth, because of severe debilitation from pre-existent hepatic disease, only gastroenterostomy was performed. This failed to halt the patient's downhill course, and he died three months and 20 days following vagotomy. This single postoperative death resulted in a case fatality rate in this group of 2.4%.

Follow-Up Studies.—Methods: We have previously expressed our distrust of questionnaire responses, in particular when attempting to evaluate the extent of subjective symptoms. We have repeatedly observed questionnaire replies that indicated a poor result when, after a personal interview, it was quite obvious that the result was good. The converse of this situation has also been noted, although not with as great frequency. The lesson that we have well learned is that questionnaire information may be grossly misleading and is easily influenced by slight changes in the wording of the questions. Personal interview in conjunction with laboratory and roentgen-ray studies, when indicated, form, in our opinion, a method of evaluation least likely to result in interpretative error.

For such reasons each patient was invited to return to the follow-up clinic or to be rehospitalized for more intensive study. Table 2 indicates the type of follow-up study achieved in each group. It is significant that over 98% of the determinate cases were followed and the vast majority of these by personal interview or, better still, by rehospitalization. Although the follow-up periods are relatively short, they are comparable for each of the groups studied. St. John and his co-authors [18] have indicated that with gastric resection only a small percentage of additional failures will be observed after the three-year follow-up period. This would seem to indicate that the present figures may not be significantly altered in the years to come.

Late Complications.—Before outlining the symptomatic end results, it would appear appropriate to discuss certain of the late complications of each operative procedure. It is not possible completely to divorce these complications from end results, since in substantial measure they may influence the final evaluation. Without attempting to consider every pathophysiologic alteration occasioned by either operation, we shall limit ourselves to the most commonly observed clinical situations: namely, the dumping syndrome, recurrent ulceration, recurrent bleeding, and persistent severe atony.

Dumping Syndrome: Although this syndrome has been described in other conditions, it is most characteristic of the postsurgical state wherein the stomach has been anastomosed to the small intestine. We have not tabulated the transient syndromes that were observed in the early postoperative period. We have listed only those patients who, at least one year postoperatively, presented a symptom complex characterized by (*a*) weakness, nausea, vertigo, and/or headache; (*b*) occurrence of symptoms 10 min. to several hours after eating, and (*c*) relief se-

5. Ciliberti, B. J.: Paraplegia Following Inhalation Anesthesia for Subtotal Gastrectomy, Anesthesiology **9**: 439, 1948.

6. Healy, M. J., and Sauer, P. K.: Some Limitations of Vagotomy in the Treatment of Peptic Ulcer, Ann. Surg. **130**: 985, 1949.

V 147
1951

cured by recumbency. Nine patients, or 10.2%, of the definitive group following gastric resection were considered to present the dumping syndrome by this definition. Of these nine, three were considered severe, two moderate, and four were estimated as mild. None of the vagotomized patients was observed to meet the criteria established.

Ulceration: Among the patients treated by gastric resection, five (5.6%) were observed to have roentgenologic and clinical evidence of a marginal gastrojejunal ulcer. With a single exception, gastrointestinal roentgenograms were secured on all followed cases in which the result was other than good or excellent. Virtually every patient, therefore, who presented any significant pain or bleeding had one or more gastrointestinal series in the follow-up period. We have excluded from this category three patients with a history of bleeding without confirmatory evidence of ulceration after repeated roentgen-ray examinations. Similarly, we have excluded two

TABLE 2.—*Follow-Up Studies on Patients with Duodenal Ulcer*

	No. of Patients with Gastrectomy	No. of Patients with Vagotomy
Patients not available for follow-up		
Deaths postoperatively	3	1
Dead with disease (after 6 mo.)	1	0
Dead without disease (after 3 mo.)	1	0
Total	5	1
Patients available for follow-up		
By rehospitalization	16	33
By clinic visit	66	6
By questionnaire	6	1
Lost to follow-up	2	0
Total	90	40
Per cent of follow-up	98	100
Period of follow-up observation, mo.	12-71	13-50
Average follow-up period, mo.	33.0	36.2

patients in whom roentgen findings of ulceration were suggestive but in whom clinical evidence did not support the diagnosis. Of the five patients with marginal ulcer, one died of perforation with peritonitis six months after resection. One patient was subjected to vagotomy nine months after resection, with only partial relief. Three patients have persistent symptoms and have been classified as failures.

When, at gastric resection, the duodenal ulcer is not removed, its subsequent activity cannot be determined by roentgenograms. A different situation exists in the vagotomized group. Here the ulcer is left behind in all instances and is available for roentgenologic appraisal. Postoperative roentgenograms were taken one to five times during the follow-up period on each patient, with the exception of three, none of whom presented any ulcer symptoms. These films were taken from seven months to three years after vagotomy and all were reviewed by two roentgenologists to avoid inequities in rating. Details of the roentgenologic observations in this series have been previously reported [6] but are summarized here with the more recent follow-up reports. Forty-six per cent demonstrated an active ulcer as evidenced by a niche, or by deformity, irritability, spasm, and tenderness. In another 46% inactivity was evidenced by cap deformity above. In 8% follow-up roentgenograms were not available. These findings would indicate that even after a suitable postoperative waiting period, persistence or recurrence of active ulceration will be found as often as healing. This observation is at considerable variance with reports from other clinics, which indicate a high rate of healing following vagotomy. We believe that the technical methods observed in this series, together with the greater frequency of follow-up roentgenograms, have yielded a closer approximation to the true incidence of ulcer activity.

Recurrent Bleeding: In a consideration of only those cases which presented a history of preoperative bleeding, it can be seen that the incidence of recurrence of this symptom in the follow-up period was 13.6% for the group treated by gastric resection and 31.0% for the vagotomized group. This appears to confirm our observation of the low incidence of ulceration following gastric resection and the high rate of persistent ulceration after vagotomy.

Severe Atony: We have considered under this complication only those patients in whom the gastric atony following denervation was so severe that it constituted the main indication for further operative intervention. Five patients met these criteria. Gastroenterostomy was performed in two cases and gastric resection in three—from three weeks to 11 mo. after vagotomy. In addition, there were eight patients with moderate atony and 16 with slight atony. Effects were rated on the basis of clinical symptoms of fullness, regurgitation, and vomiting. These clinical observations showed a high degree of correlation with the roentgenologic findings of barium sulfate retention. It is pointed out that these observations have been noted to persist up to three years after vagotomy. The detailed roentgenographic findings in these cases are reported elsewhere.[7]

End Results.—Final evaluation of end results was based on the presence or absence of ulcer symptoms, the secondary effects of the operations, and the patient's estimate of his condition as compared with his preoperative status. The following criteria were established for the adjective ratings assigned:

End Result	Description
Excellent:	No ulcer symptoms or secondary effects.
Good:	Mild or intermittent ulcer symptoms or secondary effects, but definite improvement shown.
Fair:	Recurrence of ulcer symptoms or marked secondary effects, or both; but condition better than preoperative state.
Failure:	Return of ulcer symptoms to preoperative level or worse, secondary complications necessitating further surgery, or both.

Results are summarized in Table 3. Of the 12 failures in the postgastrectomy group, the three postoperative deaths have already been discussed. There were five patients who developed symptomatic stomal ulcers, one of whom died from perforation six months after resection. Two patients developed severe dumping syndromes and two had recurrences of ulcer symptoms.

Of the 14 failures after vagotomy, four patients required further surgery because of persistent severe atony three weeks to three and one-half months after nerve section. There were recurrences of ulcer symptoms in the

7. Priviteri, C.: Gastrointestinal Roentgenographic Observations in Peptic Ulcer Patients Treated by Vagotomy, Am. J. Roentgenol. 65: 561, 1951.

remaining 10, seven of whom had gastric resection performed from three weeks to 42 mo. after vagotomy. Altogether, of these 14 cases, 11 underwent subsequent gastroenterostomy or gastric resection, and three of these died postoperatively. Despite the antecedent vagotomy, marginal ulcers later developed in three patients, in two after gastric resection and in one after gastroenterostomy.

These observations indicate a clear-cut superiority of gastric resection over vagotomy in a selected group of patients with duodenal ulcer. As previously noted, we have not included those patients having duodenal ulcer with any degree of gastric retention. In other reported series such patients are customarily included. If we were to add these, the percentage of patients improved after gastric resection would be increased from 87.0% to 90.8%.

DUODENAL ULCER WITH OBSTRUCTION

We will briefly consider the end results of subtotal gastrectomy for obstructed duodenal ulcer of which there were 71 cases in this series. The characteristics of this group have been noted in Table 1. There was one postoperative death (pulmonary embolus) for a case fatality rate of 1.4%. Follow-up observations were made in 100% of the cases from 12 to 71 mo. postoperatively, an average of 34 mo. Rehospitalization or clinic visits were obtained among all but three patients from whom questionnaire responses were obtained. A moderate dumping syndrome was noted in one patient (1.4%), and stomal ulcers in three (4.3%). Of 26 patients with preoperative bleeding, only two noted this symptom in the follow-up period. End results were excellent in 39, good in 27, fair in 2; a total of 68 patients, or 95.7%, improved. Symptomatic failures were noted in two instances, a finding which, together with the single postoperative death, accounted for 4.3% of the failures in the group. It is readily noted that the results in this group are substantially better than in that of the nonobstructed ulcer cases.

TABLE 3.—*End Results in Controlled Series of Patients with Duodenal Ulcer*

	Gastrectomy		Vagotomy	
	No.	%*	No.	%*
Excellent	38	41.3	6	14.6
Good	33	35.9	10	24.4
Fair	9	9.8	11	26.8
Total improved	80	87.0	27	65.8
Failures	9	9.8	13	31.7
Postoperative deaths	3	3.3	1	2.4
Total failures	12	13.1	14	34.1

* Percentages are based on definitive cases in which the end result could be established.

GASTRIC ULCER

We have not used vagotomy in cases of gastric ulcer because of the risk of leaving behind a cancer. Gastric resection has been recommended in all patients with gastric ulcer who have not promptly and completely responded after a strict medical regimen of not longer than two months. Since we cannot, in this group, compare vagotomy with gastric resection, we shall only briefly outline our results with the latter procedure.

There were 32 cases in which the diagnosis of benign gastric ulcer was confirmed by histological examination. Patients were all men, with ages ranging from 31 to 65 yr.; the mean age was 51 yr. Thirty-one were white and one Negro. Duration of symptoms varied from one month to 40 yr.; the average was 7.7 years. Symptoms were pain alone in 22, bleeding alone in one, and both pain and bleeding in nine cases. There were no postoperative deaths. All patients but one have been followed from six to 47 mo. Of the group followed, personal interview or rehospitalization was achieved with all patients but one, from whom satisfactory questionnaire information was received. There was no development of persistent dumping syndromes or marginal ulcers in any of the patients during the period of observation to date. Twenty patients had excellent results, eight were rated as good, two as fair, and only one as a failure. This makes a total of 97% of the group benefited by resection.

Gastric resection was performed in one instance of a radiation gastric ulcer following 1,000,000-v radiation therapy for metastatic carcinoma of the testicle. The surgical result was good after 22 mo., but the patient was dying of metastases.

Subtotal gastrectomy was performed in four cases of chronic hypertrophic gastritis in each of which there was preoperative suspicion of cancer. There was one postoperative death from evisceration, peritonitis, and efferent loop obstruction. The remaining three patients have been followed from 23 to 39 mo. with good results in two, and fair in one.

Gastric resection was performed incident to a block resection of the stomach, jejunum and colon in two cases of gastrojejunocolic fistula. One patient died from a recurrence of his fistula and intestinal obstruction after 29 mo. The other patient had a good result after 20 mo.

MARGINAL ULCER

In the marginal ulcer group there were nine patients treated by gastric resection and 11 by vagotomy. Characteristics of the two groups are listed in Table 4. In either group the indications for operation were basically the same, namely, ulcer pain with or without bleeding, failure to respond to a hospital medical regimen, and the roentgenologic demonstration of an ulcer crater at or near the gastrojejunal stoma. Although the great majority of the vagotomized group showed early good results, further follow-up showed additional failures, three of whom required further definitive surgery during the follow-up period. All of the gastric resections were performed for marginal ulcers following previous gastroenterostomies. However, only four of the vagotomized group had this background, the remainder having developed marginal ulceration following previous gastric resection. In the former group there were two failures, and two improved; in the latter group there were three failures, and four improved.

Although comparable in most respects, these two groups are too small for the derivation of precise conclusions. However, it is reasonably apparent that vagotomy does not possess any special advantage insofar as end results are concerned.

COMMENT

There are undoubtedly many unsatisfactory aspects of both surgical procedures. Technical difficulties are present in the performance of either vagotomy or gastric re-

V 147
1951

section, and each carries a significant mortality and a high incidence of undesirable sequelae. The frequency and extent of these side effects will vary with many factors, including the selection of cases, surgical technique, the length and frequency of follow-up examination, and the criteria utilized to judge the results. We have attempted to establish more precisely the relative advantages and disadvantages of vagotomy and gastric resection by comparing observations in a carefully controlled series in which many variables have been minimized or eliminated.

In gastric resection the importance of removing adherent ulcers distal to the first portion of the duodenum has been emphasized by Lewisohn [8] and Hinton.[1b] On the other hand, Wangensteen,[9] Colp [10] and Rienhoff [1c] have stated that if adequate resection is performed, such ulcers could be retained without influencing the end results. In our series, out of 75 cases in which it was determined that the ulcer was removed, the number of failures was eight (10.7%), whereas in 12 cases in which the ulcer was left behind the number of failures was three (25%). The statistical significance of this difference in end results is open to question because of the small number of cases involved. At any rate, factors other than a retained ulcer are at play, which might account for the reported poor results in this type of case.

TABLE 4.—*Analysis and End Results in Cases* of Marginal Ulcer*

	Gastric Resection	Vagotomy
Number of cases	9	11
Age, deviant	43-65 yr.	28-57 yr.
Age, mean	52 yr.	45 yr.
Race, ratio of white to Negro patients	9/0	11/0
Duration of symptoms, mean	6 yr.	7 yr.
Follow-up percentage	100%	100%
Duration of follow-up	12-58 mo.	12-42 mo.
Average follow-up	33 mo.	27 mo.
Results		
Excellent	3	0
Good	3	4
Fair	1	2
Total improved	7 (78%)	6 (55%)
Failure	1	5
Postoperative death	1	0
Total failure	2 (22%)	5 (45%)

* Patients in both groups were all men.

The cases of gastric resection were analyzed to determine if certain other variable factors influenced the end results, and none were found. The performance of either a Hofmeister or Pólya type of anastomosis—or its placement in front of or behind the colon—did not significantly influence the final results in this series.

SUMMARY AND CONCLUSIONS

A critical analysis of the two most commonly utilized forms of surgical treatment of peptic ulcer, namely, subtotal gastrectomy and vagotomy, is presented. The study is based on 263 consecutive gastrectomies and 54 consecutive vagotomies concurrently performed at the U.S. Veterans Hospital, Bronx, N. Y., during the four-year period 1945-1948. From the cases of duodenal ulcer, two groups were selected that were comparable in all significant variables except in the definitive surgery employed. To evaluate the effect of nerve section on the ulcer process, vagotomy was not combined with gastroenterostomy or other procedures that might have obscured the issue.

The value of the study is enhanced by a very high rate of follow-up—100% in the vagotomy group and 98% in the gastric resection group. Follow-up intervals varied from 12 to 71 mo., with an average of 34 mo. Only 5.5% of follow-ups were by questionnaire, the remaining patients being personally interviewed and, in almost 50% of the cases, being briefly hospitalized so that more exact laboratory and roentgenologic evaluations might be obtained.

The case-fatality rate after vagotomy was 2.4%; after gastric resection, 3.2%. Early postoperative complications were of the same order of frequency, but those following gastric resection were considered of more serious consequence. Undesirable late complications, on the other hand, were significantly higher in the vagotomized group.

In the comparable groups of patients with nonobstructing duodenal ulcer treated by gastric resection and vagotomy, the following significant observations were made:

1. Gastric resection was followed by dumping syndromes of varying degrees of severity in 10.2% of the cases. Vagotomy had gastric atony as its most frequent sequel, this occurring to a significant degree in 46.3% of the cases and being severe enough to make further definitive surgery mandatory in 19.5% of all vagotomies.

2. Marginal ulcers could be demonstrated in 5.8% of the resected group. Recurrent or persistent active ulceration was observed in 36.7% of the vagotomized patients.

3. Among patients with a preoperative history of bleeding, recurrence of this symptom, to a varying degree, was noted in 13.6% of the resected patients and in 31.0% of the vagotomized group.

4. Over-all final evaluation showed 87% of the patients improved and 13% regarded as failures after gastric resection, and 65.9% improved and 34.1%, failures after vagotomy.

When the entire gastric resection group—with obstructing as well as nonobstructing ulcers—is compared with the vagotomy group, the balance is even more in favor of resection, 90.8% of the patients improved and 9.2% classified as failures.

A comparative analysis of small groups of anastomatic (gastrojejunal) ulcers treated by gastric resection (nine) and by vagotomy (11) showed the following results: After gastric resection improvement was observed in 78% and failure in 22% of the cases. After vagotomy, improvement was obtained in only 55%, and there was failure in 45%.

From these studies it appears that gastric resection can be expected to produce significantly superior results in the elective surgical treatment of intractable duodenal ulcer.

Veterans Administration Hospital, 130 W. Kingsbridge Road.

8. Lewisohn, R.: Treatment of Duodenal Ulcers: Partial Gastrectomy Versus Palliative Resection, J. A. M. A. **134**: 571 (June 14) 1947.

9. Wangensteen, O. H.: The Role of the Surgeon in the Management of Peptic Ulcer, New England J. Med. **236**: 191, 1947.

10. Colp, R.; Klingenstein, P.; Mage, S., and Druckerman, L.: Subtotal Gastrectomy for Duodenal Ulcer, Ann. Surg. **120**: 170, 1944.

ANATOMIC STUDY OF BENIGN AND MALIGNANT GASTRIC ULCERATIONS

R. P. Boudreau, M.D., Philadelphia, J. P. Harvey Jr., M.D., Cleveland
and
S. L. Robbins, M.D., Boston

The differentiation, on purely clinical grounds, of a benign from a malignant gastric ulcer, while one of the most commonplace problems in medicine, is one of the most perplexing. Most criteria of supposed value have been proved to be extremely fallible.[1] It has been stated by Allen and Welch [2] that at best there is a 35% error in the diagnosis of gastric lesions. The diversity of opinion (brought to light in a panel discussion) among a group of experts as to the relative value of the various diagnostic criteria clearly demonstrates the cause of much of the confusion in this problem.[3] And while it is freely admitted that in any given case of a gastric ulcerating lesion there may be disagreement over the diagnosis, agreement, at least, should be reached over the diagnostic significance of the various clinical findings.

The size of the crater and its location in the stomach are the two features that have been given the greatest importance in the differential diagnosis of benign and malignant lesions. Since the writings of Alvarez and MacCarty [4] in 1928, ulcer craters of more than 4 cm. in diameter have been considered to be virtually always malignant. Similarly, prepyloric locations and positions along the greater curvature are widely considered to indicate malignancy. Yet the participants in the panel discussion to which previous reference was made failed to agree on these important points.

Patently, it should be possible by sufficient anatomic study to put such criteria to the test. It is the purpose of this report to present such a study, directed at evaluating the validity of some of the established criteria. It is hoped that with sufficient data the relative values of the various clinical findings can be established and given their proper weight in any diagnostic consideration.

MATERIAL AND METHODS

The study includes all patients with benign or malignant gastric ulceration who were examined postmortem at the Mallory Institute of Pathology of the Boston City Hospital from 1940 to 1949. Only those lesions forming discrete excavated craters have been included, All fungating or scirrhous carcinomas of the stomach, with or without ulcerations, have been discarded. These latter types of lesions are for the most part readily diagnosed both roentgenologically and gastroscopically and are not usually confused with benign peptic ulcerations. The study has further been limited to patients 50 yr. of age or over because it is in this age group that differential diagnosis is most difficult. There were 8,493 autopsies performed at the Mallory Institute of Pathology during the period under study. Of these, there was a total of 234 cases of gastric ulceration suitable for inclusion in this report. One hundred sixty-eight patients had benign and 66 had malignant ulcerating lesions. Each case was studied as to the sex and age of the patient, the size and site of the ulcer, and the cause of death. These features will be discussed separately.

TABLE 1.—*Age Distribution of 234 Cases of Gastric Ulceration*

Age Group	Total	Benign		Malignant	
		No.	%	No.	%
50-59 yr.	48	40	83.3	8	16.7
60-69 yr.	80	52	65	28	35
70-79 yr.	81	58	71.6	23	28.4
80 yr. and over	25	18	72	7	28

Age.—The age of the patient has always been considered to have some differential diagnostic value. In a general way, benign peptic ulceration has been considered to be a disease of the younger person, while its malignant counterpart is supposed to occur more frequently in the older person. Accordingly, it was of interest to analyze the age distribution of the current series of ulcers under study. The findings are presented in Table 1.

In considering the above distribution it is well to remember that these figures represent a consecutive series of ulcers found in postmortem studies in a laboratory of a large municipal hospital. They do not include surgical material or agonal ulcerations that often develop during the last days of life. As such, the relative frequencies of benign and malignant ulcerations are subject to the modifying influence that surgical removal more frequently occurs in gastric cancer than in benign ulcerations. It is likely, therefore, that the relative numbers of benign and malignant ulcers in this series will be weighed in favor of the benign lesions. In the present series the number of malignant ulcers rises from eight in the sixth decade to 28 and 23, respectively, in the seventh and eighth decades. Similarly, the incidence of benign ulceration shows a rise with advancing age, the numbers being 40, 52, and 58 in the sixth to the eighth decades. Some of this apparent rise in incidence is due to the fact that the age distribution of patients examined postmortem shows a considerably larger number of cases in the seventh and eighth decades as compared with the sixth.

TABLE 2.—*Analysis of the Size of 190 Benign and 68 Malignant Gastric Lesions*

Size	Benign Ulcers		Malignant Ulcers	
	No.	%	No.	%
1 cm. or less in diameter	65	34.2	3	4.4
1.1 cm. to 2 cm.	62	32.6	11	16.2
2.1 cm. to 3 cm.	24	12.6	9	13.2
3.1 cm. to 4.0 cm.	14	7.4	9	13.2
4 cm. and over	20	10.5	33	48.5
Unknown	5	2.6	3	4.4

If the incidence of ulcerations is corrected for the number of autopsies performed in each age decade, then malignant ulcers show a slight increase in frequency with advancing age and the benign lesions tend to remain at a constant level of frequency. These figures are only of significance insofar as they demonstrate that benign lesions do not decrease in the later years of life and are by no means uncommon in the aged.[5]

From the Mallory Institute of Pathology, Boston City Hospital.
Formerly Junior Assistant Residents in Pathology, Mallory Institute of Pathology (Drs. Boudreau and Harvey Jr.). Assistant Pathologist, Mallory Institute of Pathology; Associate Professor of Pathology, Boston University School of Medicine; Lecturer, Tufts Medical School; Instructor, Harvard Medical School (Dr. Robbins).

1. Rivers, A. B., and Dry, T. J.: Differentiation of Benign and Malignant Gastric Ulcers: Unreliability of Diagnostic Criteria, Arch. Surg. **30**: 702-715 (April) 1935.

2. Allen, A. W., and Welch, C. E.: Gastric Ulcer: Significance of This Diagnosis and Its Relationship to Cancer, Ann. Surg. **114**: 498-509 (Oct.) 1941.

3. The Relationship of Gastric Ulcer to Gastric Cancer, panel discussion, Cancer **3**: 515-552 (May) 1950.

4. Alvarez, W. C., and MacCarty, W. C.: Sizes of Resected Gastric Ulcers and Gastric Carcinomas, J. A. M. A. **91**: 226-231 (July 28) 1928.

5. Rafsky, H. A.; Weingarten, M., and Krieger, C. I.: Onset of Peptic Ulcer in Aged, J. A. M. A. **136**: 739-742 (March 13) 1948. Kiefer, E. D., and McKell, D. M., Jr.: Peptic Ulcer in Aged, ibid. **133**: 1055-1060 (April 12) 1947.

V 147
1951

Sex.—Male predominance in the ratio of 2.5 to 1 in this series, in both benign and malignant ulcerations of the stomach, is a well-established fact.

Size.—The most widely emphasized differential criterion between benign and malignant ulcers is the size of the crater. Table 2 presents an analysis of the size of 190 benign and 68 malignant lesions in the stomach.

It is apparent that most benign ulcers are small, approximately two-thirds (67%) being less than 2 cm. in diameter. By contrast, only 14 malignant ulcers, 20.6% of the series of 68, were less than 2 cm. in diameter. However, it is not the relative incidence that is important, but the fact that malignant ulcers may be small; or contrariwise, not all small ulcers are benign. Considerable emphasis has been placed on the differential importance of the 4 cm. crater.[4] We found that approximately 50% of malignant ulcerations were less than 4 cm., and at the same time 10.5% of the benign ulcers were more than 4 cm. These figures are in striking contrast to those of Alvarez and MacCarty, who found that in surgically removed specimens all benign ulcers were less than 4 cm. and only 23.2% of carcinomas were less than 4 cm.

Analyzed from still another viewpoint, in this series, 84% of all ulcers less than 4 cm. were benign and 16% were malignant. When the group of lesions more than 4 cm. in diameter is considered, it is seen that 62% are malignant and 38% are benign. These latter figures, however, must be subject to the correction that malignant ulcers of this size are more apt to be surgically excised than their benign counterparts, and thus would not be included in this analysis. It is concluded that the size of the ulcer crater has only a limited value as a differential diagnostic point. The largest benign ulcer in this series measured 12 by 8 cm. Conversely, the many malignancies found as small craters less than 2 cm. in diameter were not merely incidental findings. Many were clinically diagnosed and some caused death of the patient.

Site.—It is difficult to describe the exact localization of a lesion in a complex three-dimensional organ such as the stomach. For purposes of our study, however, they were considered under two classifications. The first divided the stomach into three anatomic subdivisions: the cardia, the body, and the prepyloric region, which has been arbitrarily designated as the portion 3 cm. proximal to the pyloric ring. The second classification of sites considered the lesions in respect to their positions along either the curvatures of the stomach or the anterior and posterior walls. Many craters were found overriding some of these artificial boundaries, and were considered in both categories, making an apparent increase in the total number of lesions studied. Since the descriptions were not sufficiently detailed on occasion to permit accurate placement of the lesion, the total number of ulcers in the two tables may not necessarily be identical. The distribution is presented in Table 3.

Table 3 graphically illustrates that there is no area of the stomach immune to malignancy. The areas of greatest predisposition to ulceration appear to be the prepyloric region. Of the series of benign ulcers, more than half (58%) occurred in the prepyloric region, and almost the exact proportion of malignancies (56%) occurred in this same region.

In the benign ulcer group, most occurred on the lesser curvature, 47% as contrasted with 14% along the greater curvature. For the malignant group it is of great interest that a high proportion of these cancers occurred along the lesser curvature (39%) and only 27% were placed on the greater curvature. These observations contradict many previous clinical concepts and are at variance with those reported by Allen and Welch.[2] These authors reported lesions on the greater curve as being virtually 100% malignant, and prepyloric 65% malignant. However, their figures were obtained from surgically resected stomachs, whereas our cases were obtained from autopsy specimens.

Hemorrhage and Perforation.—Two of the important complications of gastric ulceration are hemorrhage and perforation. Bleeding probably occurs at some time in most ulcerating gastric lesions. However, in this report only severe bleeding as evidenced by signs of gross blood found in the gastrointestinal tract at autopsy were included in this category. It will be shown that hemorrhage is a frequent cause of death. In cases where hemorrhage was not the chief cause of death it was a contributing factor.

It is shown in Table 4 that perforation occurred almost as frequently in benign ulcerations (18%) as in malignant ones (12%). Significant hemorrhage, however, was commoner in benign peptic ulcers (37%) than in cancerous ulcers (27%). The hemorrhage tends to be more severe in benign ulceration often causing death. These figures essentially agree with those of Portis and Jaffe,[6] who reported that hemorrhage had occurred in 22 (18%) of 120 post-mortem examinations of patients with gastric ulcers, and perforation had occurred in 24, or 20%.

DIAGNOSIS

The difficulty of diagnosing gastric ulcerations in large municipal hospitals is borne out by the analysis of the clinical diagnoses in this series of cases (Table 5).

The correct diagnosis of gastric ulceration, benign or malignant, was infrequent in our series. Only cases in which the diagnosis had been firmly established by the service are listed as correct diagnoses. In many instances termed "not diagnosed and symptomatic lesions," the diagnosis was suspected but not clearly established. In these cases there may have been ulcer symptoms in the past history, or the patient may have entered the hospital because of some other problem and was in the process of being worked-up when death occurred.

The incidental group was made up of cases without any findings in the available history leading to a suspicion of gastric ulceration. Perhaps a more careful history might have disclosed many more of these. The nature of this hospital, a municipal institution to which are brought many emergency cases, accounts for the high percentage of acutely ill patients who are brought in with little previous history available, and no time for diagnostic evaluation. These patients often die within hours of admission to the hospital, during which time all efforts have been focused on the therapy of the acute symptoms.

The malignant ulcerating lesions were divided according to the same criteria. In the malignant group the num-

TABLE 3.—*Analysis of the Site of Gastric Ulcerations*

	Prepyloric	Body	Cardia	Greater Curve	Lesser Curve	Anterior Wall	Posterior Wall
Benign	87 (58%)	52 (35%)	11 (7%)	24 (14%)	78 (47%)	21 (13%)	44 (26%)
Malignant	34 (56%)	19 (31%)	8 (13%)	23 (27%)	33 (39%)	10 (12%)	19 (22%)
Total no. ulcers	121	71	19	47	111	31	63

TABLE 4.—*Distribution of Hemorrhage and Perforation in Gastric Ulceration*

	Benign Ulcers (168)		Malignant Ulcers (60)	
	No.	%	No.	%
Massive hemorrhage	62	37	18	27
Perforation	31	18	8	12

6. Portis, J. A., and Jaffe, R. H.: Study of Peptic Ulcer Based on Necropsy Records, J. A. M. A. **110**:6-13 (Jan. 1) 1938.

ber of correct diagnoses established was somewhat better than in the benign group. Perhaps the better record in the cancer cases is possible because of the number of patients entering with masses in the abdomen, obviously malignant, with gastric symptoms indicating the stomach as the primary site. Although some were suspected, still a large percentage (45%) were not definitely diagnosed.

Although our figures are weighed against the clinical service insofar as suspicion of gastric ulceration was not accepted as a diagnosis, in a study of this type they indicate the difficulties inherent in the establishment of a definite diagnosis.

CAUSE OF DEATH

Table 6 presents a comparative study of causes of death in the two types of ulcer lesion. The complications of benign gastric ulcerations, hemorrhage and perforation, were a very significant cause of death (43%) in this group of patients. Hemorrhage was the leading cause of death (26%). Peritonitis secondary to perforation was the third most frequent cause of death (17%); cardiac difficulty was the second (20%). The other causes of death were mostly concomitant or intercurrent unrelated diseases. No particular disease entity was found which showed any apparent relationship to ulcerating gastric lesions. The high incidence of complications

TABLE 5.—*Analysis of Clinical Diagnoses in Gastric Ulceration*

Diagnosis	Benign		Malignant	
	No.	%	No.	%
Diagnosed and symptomatic	19	11	25	38
Not diagnosed and symptomatic	19	11	6	9
Not diagnosed and asymptomatic (incidental)	75	45	5	8
Died within 48 hours of entering hospital	55	33	30	45

directly attributable to benign ulceration, namely hemorrhage or perforation, is noteworthy. This becomes of greater importance when it is realized that some of these lesions included in this series were merely incidental. Moreover, since more than 8,000 autopsies were screened for gastric lesions, it cannot be said that these proportions are weighted by an unusual number of severe lesions. The significance of these findings is obvious in the older age group. Therapy of benign ulceration must take into consideration the high risk of serious, frequently fatal, complications.

In the malignant group, 54% of the patients died with extensive metastatic spread of their gastric cancer. Hemorrhage (12%) and perforation (9%) were relatively less significant in the malignant group than in the benign. It must be remembered that the patients in the malignant group are exposed to a specific risk, namely metastatic spread, to which the benign group is not exposed. Nevertheless, since patients with a metastatic gastric malignancy may still die of hemorrhage, it is justifiable to compare the 26% rate of fatal hemorrhage in benign ulcerations with the 12% rate in malignant ulcers. Further, the 17% rate of peritonitis in benign ulcers due to perforation is considerably higher than the 9% rate in the cancer group. Thus, hemorrhage and perforation constitute criteria of differential significance in the diagnosis of bleeding and perforated gastric lesions.

SUMMARY AND CONCLUSIONS

From the preceding anatomic analysis it is possible to draw certain conclusions relative to the fallibility of some of the old "time-tested" criteria. With reference to age it is indicated that gastric ulcers occurring in patients over 50 yr. of age cannot be assumed to be malignant. While this study of autopsy material does not permit an accurate estimate of the relative incidence of benign and malignant ulceration, it does make apparent the fact that benign ulceration is by no means uncommon in the three decades over 50. The number of both benign and malignant ulcers steadily mounted through these three decades. This increase merely reflects in part the greater numbers of post-mortem examinations performed in these age groups. When the data was corrected for the number of autopsies performed in each decade, benign ulcers were found to occur in approximately the same

TABLE 6.—*Comparative Study of Causes of Death in Ulcer Lesions*

Cause of Death	Benign Ulcers		Malignant Ulcers	
	No.	%	No.	%
Hemorrhage	43	25.6	8	12.1
Peritonitis	29	17.2	6	9.1
Cardiac	35	20.8	7	10.6
Pneumonia	15	8.9	1	1.5
Cancer	14	8.3	0	0
Cerebral vascular accident	8	4.8	2	3.0
Uremia	6	3.6	1	1.5
Cirrhosis of liver	4	2.4	0	0
Pulmonary tuberculosis	4	2.4	2	3.0
Diphtheria	1	0.6	0	0
Leukemia	2	1.2	0	0
Acute pancreatitis	1	0.6	0	0
Hypoprothrombinemia	1	0.6	0	0
Liver abscesses	1	0.6	0	0
Drug toxicity	1	0.6	0	0
Shock	2	1.2	0	0
Pyloric obstruction	0	0	1	1.5
Carcinomatosis	0	0	36	54.4
Empyema	0	0	1	1.5
Pernicious anemia	0	0	1	1.5
No anatomic cause of death	1*	0.6	0	0

* Autopsy restricted; no cause of death found.

ratio through the three decades, while malignant ulcers showed a slight but progressive rise in incidence. It is important to note that even in the eighth decade the incidence of benign ulceration is high.

The concept that the size of the ulcer crater has an important bearing on its malignancy has been shown to be quite unreliable. Approximately one-tenth of all the benign ulcers were more than 4 cm. in diameter, and 38% of the total mixed group of benign and malignant ulcers more than 4 cm. in size were benign. This percentage distribution is undoubtedly high because of the exclusion of surgical material. Therefore, the size of the crater can have only limited differential diagnostic value.

The ulcer site in this series was shown to be of little differential value. Carcinomatous ulcers were found in all areas of the stomach, and in numbers sufficient to warrant confusion with benign ulcers in the same areas. In the present study, two-thirds of the lesions in the prepyloric area were benign. On the greater curve 51% of the lesions were benign. On the lesser curve 29% of the lesions were malignant. The relative proportions of these lesions is of considerably less importance than the fact that benign and malignant lesions were intermingled

V 147
1951

in all areas of the stomach. These results are at definite variance with some previous clinical concepts.

Hemorrhage and perforation with peritonitis were found to be of great clinical significance in ulcerating lesions, being the first and third most frequent causes of death in benign gastric ulcerations. Together these causes are responsible for 43% of the deaths in the benign group. Hemorrhage and peritonitis also occurred as causes of death in cases of carcinomatous ulcers. However, in this group, 54% of the patients died from extensions of their cancerous lesions. Moreover, as differential points, hemorrhage and perforation are much commoner in benign lesions than in the malignant.

This study serves to reemphasize the fallibility of absolute dependence on any clinical feature in the differential diagnosis of benign and malignant gastric ulcers. The proper diagnosis, when possible, can be arrived at only by the use of many clinical findings, each of which is of uncertain significance but whose combined value may permit a reasonably accurate decision.

DRUG FATALITIES

Nathan Flaxman, M.D., Chicago

There have been 107 drug fatalities reported in the literature since December, 1946. These deaths were not from poisonings of the accidental or suicidal type but occurred in the use of regularly advised and prescribed drugs. Isolated case reports have emphasized this fact. These deaths resulted not only from drugs given orally and parenterally, but also from certain ones used in diagnostic procedures.

Dragstedt considered the course of events attending the advent of a new drug: It is synthesized by the chemists; it undergoes various screening tests as to its actions and effects by the pharmacologists; its toxicity is surveyed in laboratory animals; it is distributed for controlled clinical investigation; it shows some therapeutic merit; it is released for general therapeutic trial, and then, usually within three or four months, reports describing its unexpected and untoward actions begin to appear. Smith discussed all aspects of safeguards in the use of new drugs and expressed the belief that the question, "Does the toxicity outweigh the therapeutic advantages, keeping in mind the seriousness of the conditions for which it is being offered?" is the deciding factor. However, as the present analysis shows, not all reactions are due to new drugs.

ORAL MEDICATIONS

Bishydroxycoumarin U. S. P. (Dicumarol®).—This was the commonest cause of fatalities resulting from drugs given orally. Eleven fatal hemorrhages were reported, bringing the total number of recorded deaths to 32. Even with careful laboratory control over a long period, and despite long prior use without serious complications, these fatalities occurred. Link, the synthesist of this drug, commented that the briefest meditation on the strictly theoretical aspects of the clotting phenomena leaves one with the appalling feeling that tampering with coagulability of blood is a hazardous business. A considerable number of nonfatal reactions have occurred, and these, along with those due to other drugs, will be discussed separately.

Antiepileptic Drugs.—Abbott and Schwab reported that the newer anticonvulsant drugs produce moderately severe, but reversible, side reactions in about 35% of patients and dangerous toxic ones in 1 to 2%. Methylphenylethylhydantoin (mesantoin®) caused three fatalities—two due to pancytopenia and one to a fulminating bullous dermatitis. Trimethadione (tridione®) was blamed for a fatal pancytopenia, two other instances having been reported in 1946. Phenacemide (phenurone®) was considered the probable cause of a hepatorenal syndrome and an aplastic anemia. Such severe depression of the bone marrow generally results from prolonged use of the antiepileptic drug. Blood examinations should not be omitted at any time while the drug is being used or for a period after it has been discontinued. Bromides, phenylhydantoin (dilantin®), mephobarbital (mebaral®), and phenobarbital are safe drugs in the treatment of epilepsy.

Lithium Chloride.—Three known fatalities resulted from the use of this drug as a substitute for sodium chloride in the diet. The lithium preparations were immediately withdrawn from the market.

Sulfonamides.—Fatalities from the sulfonamides continue to occur. A fatal reaction to phthalylsulfathiazole U. S. P. (sulfathalidine®) in the treatment of subacute nonspecific ulcerative colitis (one case) and fatalities due to sulfadiazine nephrosis (one case), and sulfathiazole anuria (two cases) were reported.

Antithyroid Drugs.—Thiouracil caused two fatalities, one due to acute yellow atrophy and the other to agranulocytosis. Although no known deaths have occurred from use of the other antithyroid drugs, both propylthiouracil and methylthiouracil have caused difficulties.

Acetylsalicylic Acid.—This drug was cited as the cause of two deaths—one from the ingestion of 2.56 gm. in a period of 14 hours by an infant, and one from the ingestion of 5 to 6.1 gm. (15 to 20 tablets, 5 grains [0.325 gm.] each) in a period of three hours by a man. The reported cases of poisoning by this drug were evaluated, and only a few fatal instances were found in which the administration was reliably observed by a physician and the exact dose known.

Other Drugs.—Fatalities due to the thiocyanates, ertron® (a concentrated vitamin-D preparation), cinchophen, tetraethylthiuram disulfide (antabuse®), and pyrithylidine (presidon®) occurred. The last-named drug, pyrithylidine, was immediately withdrawn from the market and all use of it discontinued by the pharmaceutical manufacturer. This, unfortunately, cannot be said of the others cited, although some of them, such as the

Associate in Medicine, Chicago Medical School; Consulting Physician, Manor Hospital.

thiocyanates and cinchophen, have a long record of repeated severe toxic effects and fatalities. The value of these two drugs in the treatment of essential hypertension and arthritis, respectively, is decidedly questionable, while the dangers inherent in their use are very great.

PARENTERAL MEDICATIONS

Antibiotics.—Here a paradoxical situation of importance exists. There is no question of the value of the antibiotics; yet 11 fatalities, six due to penicillin and five to streptomycin, were reported. Penicillin deaths were due to exfoliative dermatitis, Jarisch-Herxheimer reactions in syphilitic patients, and anaphylaxis. Streptomycin caused fatal toxic encephalopathy and dermatitis with stomatitis. The neurotropic effects of streptomycin are particularly likely to manifest themselves in patients with renal or hepatic insufficiency.

Curare.—Curarization, both in anesthesia and before electroshock therapy, resulted in nine fatalities due to respiratory arrest. The amount of the drug used and the time of onset after injection varied. Bilateral pulmonary collapse without evidence of tracheobronchial obstruction followed within three minutes the injection of 60 units of purified Chondodendron tomentosum extract (intocostrin®) while an anesthetic was being administered. In another instance 100 units of *d*-tubocurarine chloride was given to permit bronchoscopy, and the patient died as a result of respiratory arrest in 165 minutes.

Mercurial Diuretics.—Cases of sudden death due to these drugs and of fatal mercurialism continue to be reported. Wallner and Herman cited the case of a 50-year-old man with hypertensive cardiovascular disease who was admitted because of pulmonary and peripheral edema and received 2 cc. of meralluride ("mercuhydrin") intramuscularly daily. On the ninth and 10th days the patient had a temperature of 101 and 102 F. after the injections and complained of retrobulbar pain. The diuretic was stopped, and the temperature returned to normal. On the 18th day 2 cc. of meralluride was again given intramuscularly; within 30 minutes the patient went into shock and died five hours after the injection. Apparently, the intramuscular route does not safeguard against unfavorable reactions. The authors condemned the routine use of daily parenteral injections of 2 cc. of a mercurial diuretic. Fatal mercurialism due to the prolonged intravenous administration of mercurophylline injection U. S. P. ("mercupurin") in doses ranging up to 4 cc., given twice weekly to control the edema of a young man who had diabetes with the Kimmelstiel-Wilson syndrome, was also reported.

Neoarsphenamine.—Cases of poisoning due to this drug also continue to be reported. Two cases of arsenical encephalopathy occurred, in both of which penicillin had first been given. Medical shock and death followed use of this arsenical for syphilis in a case of chronic alcoholism.

Aminophylline.—Three fatal reactions followed intravenous administration of aminophylline U. S. P. Two were in patients who had suffered an acute coronary thrombosis; both died during the intravenous injections of the 7½-grain (0.5-gm.) solutions.

"Analbis" Suppositories.—Early in 1947 a number of deaths were attributed to a bismuth compound in the "analbis" suppositories; three cases were reported in detail. All the deaths occurred in children who had been treated with the drug, a bismuth salt of heptatodiene-carboxylic acid (diallylacetic acid) for infections of the upper respiratory tract. The suppositories were promptly removed from the market.

Other Parenteral Drugs.—Fatalities occurred from use of tetraethylammonium chloride (etamon® chloride) and tetraethylammonium bromide, anaphylactic shock from a protein digest (amigen®), and an allergic reaction due to the influenza-virus vaccine. Deaths due to the use of emetine hydrochloride in the conditioned-reflex treatment of chronic alcoholism and to the phenol in foille® emulsion in the treatment of burns were also reported.

DIAGNOSTIC PROCEDURES

Angiocardiography.—Twenty-six fatalities occurred in a total of 6,824 examinations reported. Seventeen of the 26 deaths were of children under 8 years of age, all with congenital heart disease. The commonest cause of death was a sudden respiratory arrest immediately or shortly after injection of the contrast substance.

Cholecystography.—Myocardial infarction resulting in three deaths followed the administration of vasopressin injection U. S. P. (pitressin®) for cholecystography. Vasopressin is a powerful vasoconstrictor, particularly of the coronary arteries, and as a diagnostic aid it should be employed with the utmost discretion.

Pyelography.—One sudden death followed the intravenous administration of iodopyracet injection U. S. P. (diodrast®), thought to be of allergic origin.

Myasthenia Gravis.—A fatality was reported to follow the diagnostic test with neostigmine for this disease.

Allergy Tests.—Sudden death due to an anaphylactic reaction to intradermal tests in a 25-year-old woman with asthma and hay fever, and previously desensitized over a period of 13 years, led Harris and Shure to advocate that scratch tests be done first.

SUMMARY AND CONCLUSIONS

Since December, 1946, a total of 107 drug fatalities have been reported in the literature. Oral medications, parenterally administered drugs, and drugs used in diagnostic procedures were equally responsible.

Among the oral medications bishydroxycoumarin U. S. P. (dicumarol®) caused 11 fatal hemorrhages. Two of these were on an outpatient basis, and no laboratory studies were performed. Regardless of the short- or long-term use of this anticoagulant, and despite adequate laboratory control, nine other fatalities occurred. It has been recommended that during treatment with bishydroxycoumarin U. S. P. lumbar sympathetic blocks should not be performed, as fatal retroperitoneal hemorrhages have resulted.

Anticonvulsant therapy with methylphenylethylhydantoin (mesantoin®), trimethadione (tridione®), and phenacemide (phenurone®) resulted in six fatalities.

V 14
1951

It has been recommended that examinations of the blood be continued not only during the entire period of use, but also for a reasonable period after the drug is stopped, to detect any depression of the bone marrow.

Certain drugs, such as lithium chloride and pyrithyldine (presidon®), were immediately withdrawn from the market. A similar procedure is recommended for the thiocyanates and cinchophen, two old offenders responsible for many previous serious reactions. Tetraethylthiuramdisulfide (antabuse®), as a treatment for alcoholism, requires careful consideration before it is released for use, some time in 1951, not after. Any of the sulfonamides and the thiouracil preparation call for continued caution in their administration.

Among the parenteral medications, the antibiotics caused the largest number of deaths. Certain precautions should not be overlooked in their use. A history of allergy, of previous sensitization to the antibiotic, the appearance of a rash, or the presence of cardiovascular or neurological syphilis calls for great caution in the administration of penicillin. Renal or hepatic insufficiency is a probable contraindication to the use of streptomycin. In the use of curare, either in anesthesia or before electroshock therapy, a definite hazard exists, and death may result from respiratory arrest. Continued reports of fatalities due to intravenous and intramuscular administration of mercurial diuretics and to the use of neoarsphenamine call for thought in administering them. Intravenous injection of aminophylline in the treatment of acute coronary thrombosis is not advisable.

Of the diagnostic procedures, angiocardiography carries the greatest risk in cases of congenital heart disease. The utmost caution is advised in the use of vasopressin injection U. S. P. (pitressin®) in the course of routine cholecystography, as myocardial infarction and sudden death may follow its administration. It must also be borne in mind that sudden death has followed the intravenous administration of iodopyracet (diodrast®) in pyelography, neostigmine as a diagnostic test for myasthenia gravis, and intradermal tests for allergic states.

30 N. Michigan Ave.

Resistance to Cancer.—Although there are many indications that the body does possess a resistance to the growth and to the implantation of secondary deposits, this is a field of work that has been neglected. We speak of a selective affinity in growth, e. g., the liability of carcinoma of the lung to spread to the adrenals. In such blood spread there is equal access to many other organs but the growth of the deposit is resisted in other situations. It has been demonstrated that the spleen may receive malignant cells in fair numbers and destroy them before they can multiply to give rise to a visible secondary deposit; it is better to regard the curious distribution of secondary deposits as determined by relative resistance rather than relative susceptibility. Other evidence bearing on resistance is provided by the long delayed recurrence; carcinoma of the breast may be treated with apparently successful results lasting for many years —up to about twenty—and may be followed by a small recurrence in the scar. It seems unlikely that this can be a second tumour arising in the breast tissue and one must accept the fact that cells have remained *in situ* but have been kept in check. Support is given to the view that there is a breakdown of resistance by the fact that patients with such late recurrences fare badly and usually succumb, with widespread secondary deposits, within a year.—R. W. Scarff, The Present Status of the Cancer Problem, *The Practitioner*, July, 1951.

CLINICAL NOTES

HAIR LOSS AND PIGMENTATION DUE TO THIOURACIL DERIVATIVES

A NONHYPOTHYROID SIDE REACTION

Morris Wilburne, M.D., Beverly Hills, Calif.

Among the side reactions associated with the administration of the therapeutic thiouracil derivatives, propylthiouracil and methylthiouracil, in the treatment of hyperthyroidism have been leucopenia and granulocytopenia,[1] agranulocytosis,[2] anemia,[3] thrombocytopenic purpura,[4] dermatoses including pruritis and urticaria,[5] fever,[6] menstrual changes,[7] and others such as nausea, headache, arthralgia, numbness in the extremities, jaundice, Mikulicz's syndrome, and lesions resembling periarteritis nodosa. However, with the exception of a recent inquiry [8] in the Queries and Minor Notes section of THE JOURNAL relative to hair loss, there appears to be no report of hair loss or pigmentation directly attributable to methylthiouracil or propylthiouracil. The following is a rather striking instance of hair loss and, of lesser importance, yellowish pigmentation of the hair, the former of such pronounced degree as to necessitate discontinuance of these drugs.

REPORT OF A CASE

K. W., 67, a white woman, was first seen April 29, 1949, because of paroxysmal auricular fibrillation and acute pulmonary edema; these responded promptly to therapy. Investigation revealed evidence of hyperthyroidism dating back to 1942, the earliest symptoms of which were heat intolerance, nervousness, and palpitation. Three to four weeks after the onset of symptoms she developed a severe paroxysm of auricular fibrillation which precipitated acute pulmonary edema, the latter necessitating oxygen administration. She remained at complete bed rest for six weeks but lost 13 pounds during this period despite her inactivity. One month after she became

1. (*a*) Eisenmenger, W. J., and Steele, J. M.: Leukopenia Following the Use of Propylthiouracil, J. A. M. A. **135**: 510 (Oct. 25) 1947. (*b*) McCullagh, E. P.; Hibbs, R. E., and Schneider, R. W.: Propylthiouracil in Treatment of Hyperthyroidism, Am. J. M. Sc. **214**: 545 (Nov.) 1947. (*c*) Meneghini, P., and Roncallo, E.: Effects of Nicotinic Acid on Granulocytopenia Due to Methylthiouracil, Inform. med., Genova **2**: 15, 1948. (*d*) Poate, H. R. G.: Final Results of Long-Term Therapy with Methylthiouracil in Thyreotoxicosis, M. J. Australia **1**: 139 (Feb. 4) 1950.

2. Jacobsen, H. E. L.: Agranulocytosis After Treatment with Methylthiouracil: Case Cured by Blood Transfusions and Chemotherapy and Followed by Polycythemia, Ugesk f. læger **107**: 719 (Aug. 30) 1945. Livingston, H. J., and Livingston, S. F.: Agranulocytosis and Hepatocellular Jaundice, J. A. M. A. **135**: 422 (Oct. 18) 1947. Barfred, A.: Methylthiouracil in Treatment of Thyrotoxicosis, Am. J. M. Sc. **214**: 349 (Oct.) 1947. Bartels, E. C: Agranulocytosis During Propylthiouracil Therapy, Am. J. Med. **5**: 48 (July) 1948. Juliar, B., and Harris, T. L.: Fatal Agranulocytosis Occurring During Propylthiouracil Therapy, J. A. M. A. **138**: 646 (March 5) 1949.

3. Loicq, R., and Martin, L.: A Case of Anemia Following Administration of Methylthiouracil, Bruxelles-méd. **28**: 364 (Feb. 15) 1948.

4. Staffieri, J. J., and Cardonnet, L. J.: Thrombocytopenic Purpura as Toxic Manifestation of Methylthiouracil, Medicina, Buenos Aires **8**: 223 (June) 1948. Fewell, R. A.; Engel, E. F., and Zimmerman, S. L.: Acute Thrombopenic Purpura Associated with Administration of Propylthiouracil, J. A. M. A. **143**: 891 (July 8) 1950.

5. (*a*) McCullagh, Hibbs, and Schneider,[1b] (*b*) Astwood, E. B., and Vanderlaan, W. P.: Treatment of Hyperthyroidism with Propylthiouracil, Ann. Int. Med. **25**: 813 (Nov.) 1946. (*c*) McGavack, T. H.; Gerl, A. J.; Vogel, M., and Schutzer, S.: Clinical Comparison of Effectiveness of 6-N-Propylthiouracil and 2-Thiouracil as Antithyrotoxic Agents, Am. J. Med. **2**: 144 (Feb.) 1947.

6. McGavack, Gerl, Vogel, and Schutzer,[5c] Reveno, W. S.: Propylthiouracil in Thyrotoxicosis: Observations on 54 Patients, J. A. M. A. **133**: 1190 (April 12) 1947.

7. Kopf, R.; Loeser, A., and Meyer, G.: Changes in Ovarian Function Induced by Thiouracil and Methylthiouracil, Klin. Wchnschr. **26**: 202 (April) 1948.

8. Loss of Hair Following Use of Propylthiouracil, Queries and Minor Notes, J. A. M. A. **143**: 860 (July 1) 1950.

ambulatory, another episode of paroxysmal auricular fibrillation and acute pulmonary edema occurred; she spent an additional two weeks in bed. Attacks became increasingly frequent, and approximately one year later, episodes were experienced almost daily, each of one half to two hours' duration. Two years after the onset she was placed on intermittent digitalis therapy, and two years later, on continuous digitalis therapy. Yet her hyperthyroid state still became worse, with the greatest effect on the cardiovascular system.

Physical Examination (May 2, 1949).—Her weight was 119 pounds (54.0 Kg.), height 63 inches (160.02 cm.). The hair was white, typical of senility, and was of normally abundant growth. There was no exophthalmus. The retinal arteries revealed moderate sclerosis. The thyroid gland was asymmetrically enlarged, involving primarily the left lobe; the gland substance was soft and nonnodular. Blood pressure was 200/95. Heart size was normal; rhythm was regular sinus at this examination. The resting heart rate was 84. A moderately loud systolic murmur was present, with maximum intensity at the fourth left interspace 2 cm. lateral to the sternal border. The aortic second sound and the pulmonic second sound were of equal intensity. The skin was warm and moist. Fluoroscopy disclosed slight pulmonary congestion and marked aortic sclerosis. The electrocardiogram revealed left axis deviation with evidence suggesting an early left ventricular preponderance pattern. Rhythm was of regular sinus origin. Basal metabolism was + 35%. Blood protein-bound iodine was 12.4 μ per 100 cc. Total blood cholesterol was 342 mg. per 100 cc. Blood count revealed hemoglobin 84%, red blood cells 5,010,000, white blood cells 7,350 with 43% neutrophiles, 1% eosinophiles, 1% basophiles, 49% lymphocytes, and 6% monocytes. Urine was normal. Sedimentation rate (Wintrobe) was 18 mm. in one hour.

Course.—She continued to experience severe transitory episodes of auricular fibrillation daily, and on May 21, 1949, she was placed on methylthiouracil, 50 mg. twice daily for three days, subsequently increased to four times daily. Other medication consisted of digitoxin, 0.1 mg. daily; thiamine hydrochloride, 10 mg. three times daily; phenobarbital sodium, ½ grain (30 mg.) two to three times daily, and pentobarbital (nembutal®), 1½ grains (0.1 gm.) at bedtime. Therapeutic response to methylthiouracil was good, a distinct improvement occurring in all symptoms. Barbiturates were discontinued on July 20, 1949. By July 23, 1949, the basal metabolic rate had declined to — 9%, and she was placed on a maintenance dose of 50 mg. of methylthiouracil daily. Paroxysms of auricular fibrillation diminished in frequency to one paroxysm in six weeks. Thiamine hydrochloride was discontinued, without approval, early in August. On Aug. 20, 1949, the basal metabolic rate was + 8%. It gradually rose, and on Oct. 8, 1949, it was + 32%. In the latter part of October, she noticed rather rapidly increasing loss of hair. This phenomenon became so pronounced that she began to avoid combing her hair because of the ease with which it came out. The severity of the hair loss was verified by the patient's hairdresser, with whom I discussed the problem. In addition both the patient and the hairdresser observed a yellowish pigmentation of the hair which had previously been white. There had been no deviation from her usual hair care. No new hair preparations or hairdressing procedures were employed. Medication taken at this time consisted only of digitoxin (which had been increased by an additional 0.1 mg. per week) and methylthiouracil, 50 mg. daily. Inasmuch as the patient was receiving only digitoxin and methylthiouracil, it was felt that the probable offending agent was methylthiouracil, particularly since digitoxin had been taken for several years without previous appearance of this side reaction. By November 16, 1949, hair loss had assumed such serious proportions that it was necessary to discontinue further administration of methylthiouracil. The basal metabolic rate on Nov. 26, 1949, was + 26%. Tendency to hair loss completely ceased following discontinuance of methylthiouracil therapy, but concurrently evidence of hyperthyroidism again became pronounced. Quinidine sensitivity precluded its use as a prophylactic agent against the increasingly frequent paroxysms of auricular fibrillation. It was apparent that some form of antithyroid medication was necessary, and on Dec. 10, 1949, therapy was reinstituted cautiously, this time with propylthiouracil in place of methylthiouracil. It was hoped that the former would not precipitate the hair loss and, of lesser import, pigmentation of the hair. The initial dosage of propylthiouracil was 50 mg. daily. On Dec. 31, 1949, the basal metabolic rate was + 25%, and on Feb. 4, 1950, it was + 32%. On the latter date the patient was again placed on phenobarbital sodium, ½ grain two to three times daily, and pentobarbital 1½ grains at bedtime. Hair loss was minimal. On Feb. 15, 1950, because of incomplete control, the dosage of propylthiouracil was increased to 100 mg. daily. Within 10 days the patient reported a pronounced hair loss; however the reaction was not so severe as with methylthiouracil. The basal metabolic rate on March 18, 1950, was + 30%. Owing to inadequate control of the hyperthyroid syndrome and the limitations imposed on propylthiouracil dosage by the renewed problem of hair loss, radioactive iodine uptake was determined on June 6, 1950, in preparation for radioactive iodine therapy. Iodine uptake was 63% despite the "blocking" effect of propylthiouracil, and on June 14, 1950, the latter was discontinued, and radioactive iodine therapy was begun the following day with an initial dose of 6 mc. Hair loss disappeared rather promptly after cessation of propylthiouracil and at the time of this report, five months later, had not recurred. Thiamine hydrochloride administration was resumed Aug. 2, 1950, without influence on the hair.

COMMENT

It is evident from the foregoing that hair loss and pigmentation were, with little doubt, due to methylthiouracil and propylthiouracil. The only other medication taken by the patient at the time of this reaction consisted of digitalis in average therapeutic dosage. Earlier the patient had received thiamine hydrochloride, 30 mg. daily; phenobarbital sodium, 30 mg. two to three times daily, and pentobarbital, 0.1 gm. at bedtime. These had been discontinued at least two months prior to the onset of this side effect, any possible etiologic influence from these sources being thus excluded. Further, subsequent resumption of all three drugs caused no recurrence of hair loss or pigmentation.

The possibility of hair loss secondary to reduction of the basal metabolic rate to hypothyroid levels is excluded, since no clinical or laboratory evidence of hypothyroidism was manifested at any time. In addition, even the euthyroid state was maintained for only a brief period before return to hyperthyroidism. It is especially to be noted that hair loss occurred when the patient was, by both clinical and laboratory criteria, in a hyperthyroid state. No other factors were evident; there was no deviation in mode of living or in use of hairdressing agents. Finally, cessation of hair loss was twice demonstrated on discontinuance of the antithyroid drugs.

SUMMARY

A case of hyperthyroid heart disease is reported in which the administration first of methylthiouracil and later of propylthiouracil produced in each instance pronounced hair loss together with moderate yellowish pigmentation of the hair. Changes in dosage and discontinuance of medication resulted in parallel effects on hair loss. Eventually it was necessary to cease therapy with these drugs and employ radioactive iodine. The radioactive iodine did not elicit this side effect. The possibility of hair loss due to drug-induced reduction of basal metabolism to hypothyroid levels is excluded, since at no time was there manifested clinical or laboratory evidence of hypothyroidism. On the contrary, during the period of hair loss the basal metabolic rate was at hyperthyroid levels. The effect of methylthiouracil was more marked than propylthiouracil in precipitating this reaction.

130 S. Robertson Blvd.

V 14
1951

APPROVED INTERNSHIPS AND RESIDENCIES IN THE UNITED STATES

ANNUAL REPORT OF INTERNSHIPS AND RESIDENCIES BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

Edward H. Leveroos, M.D., William R. Albus, M.D., William W. Corbett, M.D., William W. Southard, M.D. and Reynolds Hayden, M.D.

Annual Report

This year, the Council on Medical Education and Hospitals presents its twenty-fifth Annual Report on Internships and Residencies. It is appearing at this time rather than in the spring as in years past, in order to provide prospective applicants with more recent information about approved services at the time they apply for appointment. The report itself is based on data available as of August 1st. The statistics in the report may differ therefore, in some instances, with those found in the lists of approved internships and residencies since revisions in these lists have been made through September 1st.

In addition to listing internships on a geographical basis, including data regarding type of control, bed capacity, annual admissions, number of internships, affiliations, autopsy rates and monthly stipends, a separate section has been included listing these programs by type of service offered: rotating, mixed, straight or special internships. Hospitals reported by the medical schools as part of their undergraduate teaching program have been identified as major or minor teaching units, depending upon the extent to which the medical school utilizes their services in undergraduate teaching. Since the publication of last year's report, there have been two major developments which are of concern to all hospitals approved for intern training: the Quota Basis for the Appointment of Interns as announced in recent issues of The Journal,[1] and the Matching Plan sponsored by the National Interassociation Committee on Internships.[2] A brief review of these two subjects is included in the report which follows.

The section on residencies this year has also been augmented; in addition to a list of approved services by specialties, a geographical list of hospitals approved for residency training has been included, together with a summary of the specialties for which each hospital is approved. Basic information regarding approved programs appears in the section in which services are classified by specialty and subspecialty. The number of years for which each program has been approved is included for the following categories: anesthesiology, dermatology, neurological surgery, neurology, obstetrics-gynecology, orthopedic surgery, pathology, pediatrics, psychiatry, radiology, surgery and urology. In all these specialties, the length of the service for which approval has been granted has been determined in collaboration with the American Board concerned.

Approval in sixteen other specialty and subspecialty fields are approved without indicating the number of years for which the program is accredited. In many of these fields, however, residencies are ordinarily of one year's duration: e. g. allergy, cardiology, contagious diseases, gastroenterology, malignant diseases, occupational medicine, pulmonary diseases, and the newest specialty for which residencies have been approved, preventive medicine and public health. In other specialties, approval has been extended in concurrence with the American Board concerned without specifying the length of the program.

The following boards collaborate with the Council in the approval of residency programs:

American Board of Anesthesiology
American Board of Dermatology and Syphilology
American Board of Internal Medicine
American Board of Neurological Surgery
American Board of Obstetrics-Gynecology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
American Board of Physical Medicine
American Board of Plastic Surgery
American Board of Preventive Medicine and Public Health
American Board of Proctology
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Surgery
The Board of Thoracic Surgery
American Board of Urology

Residency programs in internal medicine are now approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Conference Committee on Graduate Training in Medicine. Approval in the subspecialties of allergy, cardio-vascular diseases, gastro-enterology and pulmonary diseases is granted by the Council in concurrence with the Subspecialty Board concerned.

In general surgery, residencies are approved by the Council, the American Board of Surgery, and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery. This committee, established little more than a year ago, has been responsible for the development of a uniform set of standards for approval in the specialty, of a list of hospitals offering residency training in surgery approved by the three

1. June 30, 1951, Vol. 146, pp. 865 and 866. Sept. 8, 1951, Vol. 147, pp. 168 and 169.

2. A description of the Matching Plan for Internship Appointment; F. J. Mullin and John M. Stalnaker: National Interassociation Committee on Internships.

organizations represented on the committee, and for the establishment of a single hospital inspection procedure. A number of other surgical specialty boards have expressed their interest in the possibility of developing a similar arrangement in their particular field. Preliminary discussions with this end in view have been initiated in several of these specialties.

Data in this report and in the lists of approved programs which follow, are based on information submitted by the hospitals conducting approved training programs. For their co-operation in making this report possible the Council wishes to make grateful acknowledgment. It also takes this opportunity to express appreciation for the splendid assistance and collaborative effort of the American College of Physicians, the American College of Surgeons and the seventeen American specialty Boards which participated in the residency approval program. For their part in the preparation of this report, the Council is also indebted to medical schools and to the medical departments of the federal services. With the support of all these organizations, groups and individuals, the Council is able to present this report for the guidance of prospective applicants planning their post-

TABLE 1.—*Approved Hospitals, Internships and Medical School Graduates, 1941-1951*

Year*	Number of Hospitals	Number of Internships	Number of Graduates
1941	735	8,182	5,275
1942	740	8,353	5,163
1943	760	8,180	5,233
1944†	766	5,602	10,303‡
1945	785	8,429	5,136
1946	798	8,584	5,826
1947	764	8,539	6,389
1948	807	9,118	5,543
1949	807	9,124	5,694
1950	799	9,398	5,553
1951	828	10,044	6,135

* Year of publication.
† Quota year.
‡ Includes 2 classes.
(U. S. Army, U. S. Navy Hospitals and those outside the United States not included in 1941 to 1947 figures.)

doctoral training as well as for the general information of the profession, medical educators, hospital administrators and others interested in graduate training.

Internships

The number of internships offered in approved hospitals last year reached an all time high. The upward trend which has been evident for the past ten years continued with 828 hospitals reporting that they offered a total of 10,044 internships. (Table 1.) On the basis of a questionnaire survey conducted early this year, it became evident that even this figure would be exceeded during the coming year. In this survey, over a third of the hospitals conducting intern programs, indicated that they were increasing the number of internships they were offering to make up for the deficit in their house staffs resulting from residents being called into federal service. On the basis of the information furnished by the hospitals in replying to this questionnaire, it is estimated that an additional 1,000 internships were to be offered for the coming year.

Recognizing the serious problems resulting from this ever increasing disparity between the number of internships offered and the number of available applicants, the Council in June of this year revised its previous policy of approving a hospital for intern training which left the

TABLE 2.—*Comparison of Number of Internships and Number of Vacancies, 1950-1951*

State	Number of Hospitals Approved		Number of Internships Offered		Number of Vacancies Reported		Percentage of Vacancies	
	1950	1951	1950	1951	1950	1951	1950	1951
Alabama	5	5	68	96	34	35	50	36
Arizona	5	5	40	54	17	32	43	59
Arkansas	2	4	22	35	17	25	77	71
California	53	52	897	859	110	188	12	22
Colorado	11	12	111	129	28	34	25	19
Connecticut	16	20	179	191	35	61	20	32
Delaware	3	3	28	28	2	14	7	50
District of Columbia	12	11	197	175	29	37	15	21
Florida	9	11	80	114	33	59	41	51
Georgia	6	10	86	136	40	61	47	45
Idaho	0	0	0	0	0	0	..	..
Illinois	62	62	702	778	98	176	14	23
Indiana	16	13	182	171	51	55	28	32
Iowa	11	9	81	81	22	30	27	37
Kansas	7	7	59	77	20	35	34	45
Kentucky	9	10	82	99	40	53	49	53
Louisiana	8	12	229	110	57	33	25	30
Maine	4	4	29	29	10	9	33	31
Maryland	20	20	321	195	79	70	25	36
Massachusetts	33	40	317	282	84	109	26	39
Michigan	31	35	387	493	115	184	30	37
Minnesota	15	16	184	196	44	59	24	30
Mississippi	2	2	16	16	16	16	100	100
Missouri	25	24	308	338	94	114	32	34
Montana	2	2	9	3	1	0	11	..
Nebraska	9	9	63	79	16	37	25	47
Nevada	0	0	0	0	0	0	..	..
New Hampshire	1	1	11	11	0	0	..	..
New Jersey	35	34	303	343	93	94	31	27
New Mexico	0	0	0	0	0	0	..	..
New York	110	112	1,464	1,771	224	398	15	22
North Carolina	9	11	122	136	27	50	22	37
North Dakota	4	4	20	9	11	7	55	78
Ohio	45	46	495	549	208	224	42	41
Oklahoma	6	7	53	94	25	24	47	26
Oregon	6	7	70	100	21	27	30	27
Pennsylvania	76	77	837	895	256	381	31	43
Rhode Island	6	6	47	48	6	10	13	21
South Carolina	5	7	60	71	7	18	12	25
South Dakota	3	3	21	18	14	5	67	28
Tennessee	13	15	203	188	61	63	30	34
Texas	25	26	297	408	93	180	31	44
Utah	6	7	54	75	19	35	35	47
Vermont	2	2	13	8	2	0	15	..
Virginia	13	16	129	137	26	40	20	29
Washington	16	16	168	188	31	41	19	22
West Virginia	8	8	46	47	22	21	48	45
Wisconsin	23	25	180	184	73	79	41	43
Wyoming	0	0	0	0	0	0	..	..
Totals*	788	828	9,370	10,044	2,340	3,223	30	32

* Excludes territorial approved hospitals.

number of internships to be offered entirely to the discretion of the hospital. In future, approval will be granted annually to include the specific number and type of internships for which the hospital is approved. To implement this policy for this year, the Council announced a Quota Basis for the Appointment of

V 14
1951

Interns. Under this program, each hospital conducting intern training was advised of approval for a definite number of internships for the year July 1, 1952-June 30, 1953. This number was based on a percentage of the internships offered in 1950 or the number offered in 1940, whichever was the larger. The large majority of hospitals approved by the Council accepted the necessity of this program. Since the announcement of the policy, however, approximately 15 per cent of the hospitals concerned have requested an increase in the number of their internships, in view of their expanded bed capacity, or additional activities, including those of an educational nature. Further, there were a few hospitals, as was anticipated, which protested a quota basis of any sort. The Council wished to give careful consideration to these requests and protests to avoid any inequities in the general application of its policv. It felt also, that all other hospitals should be given an equal opportunity for a review of their status under the program. It soon became apparent that time did not permit a considered evaluation of all these cases before the publication of this Internship and Residency Number. Further, the approval of hospitals for a specific number of internships, directly effected the Matching Plan for internship appointments which is being sponsored by the National Interassociation Committee on Internships. Again, it was recognized that it would be impossible to complete aciton on the requests for an increased number of internships in time to include the revised figure in the directory being published for the Matching Plan, a description of which is found in another section of this report. In view of these considerations, the Council has deferred the quota program while strongly urging approved hospitals to cooperate on a voluntary basis in appointing interns for next year in accordance with the provisions of the quota plan.

The number of internships included in the list of approved hospitals (p. 388) represents the number of internships for which hospitals were approved under the quota basis; revisions in the original quota have been made for 78 hospitals whose requests could be evaluated prior to the publication of this list. A number of other hospitals have requested increases in the number of internships for which they have been approved. It is anticipated that action on these requests will be completed in the near future.

INTERNSHIP VACANCIES

With the increase in the number of internships offered, there has been a parallel increase in the number of vacancies. While last year vacancies reported represented 24.9 per cent of the total number offered, this year 32.0 per cent of available internships were reported unfilled (Table 2). Analysis of data on internship vacancies indicate that an appreciably higher percentage of vacancies existed in hospitals which were not affiliated with a medical school. In these hospitals offering a total of 5,545 internships, there were 2,197 vacancies or 39.5 per cent; in the teaching hospitals, with 4,499 internships available, 1,026 or 22.8 per cent were not filled. A further breakdown of these statistics reveal that the percentage of vacancies varies also with the size of the hospital, the smaller hospitals having a proportionately higher vacancy rate. For example, hospitals of 150 beds or less reported unfilled, 239 of the 442 internships which they offered, a percentage of 52.9; on the other hand, hospitals having a bed capacity of 350 or over, reported that 1,151 of their 4,873 internships were not filled, representing 23.6 per cent of the total number available.

As a group, the federal hospitals showed the lowest percentage of internship vacancies, 16.0 per cent; this

TABLE 3.—*Internships Offered by Type and Hospital Control*

Control	Number of Hospitals Approved	Number of Internships Offered								
		Rotating	Mixed	Straight						
				Med.	Surgical	Ped.	OB	Path.	Total Straight	Total
U. S. Army	10	186	..	..	..	..	..	..	..	186
U. S. Navy	14	184	..	..	..	..	..	..	..	184
U. S. Public Health Service	11	116	..	..	..	..	..	..	..	116
Other Federal	9	28	..	2	1	..	1	..	4	32
Veterans Administration	9	75	..	26	27	..	..	..	53	128
Totals	46	589	..	28	28	..	1	..	57	646
City-County	12	208	24	8	..	2	..	2	12	244
State	23	392	12	37	43	16	11	1	108	512
City	58	1,019	40	86	74	12	12	8	192	1,251
County	27	725	4	27	21	7	..	..	55	784
Totals	120	2,344	80	158	138	37	23	11	367	2,791
Church	315	2,646	4	56	29	1	5	3	94	2,744
Non Profit Association	334	2,868	101	219	155	39	29	22	464	3,458
Partnership	2	13	..	..	..	..	..	..	..	13
Corporation	11	59	..	..	..	..	..	..	..	59
Totals	662	5,611	105	275	184	40	34	25	558	6,274
Grand Totals	828	8,544	185	461	350	77	58	36	982	9,711 *

* Does not include 333 unclassified internships.

figure excludes Veterans Administration hospitals, many of which reported vacancies on the basis of their anticipated requirements, these programs having been only recently approved. Other governmental hospitals, excluding federal, reported 19.0 per cent of their internships vacant. The fact that the majority of these hospitals are used for teaching purposes by medical schools should be noted in considering their relatively low vacancy rate. In non-profit association hospitals, offering 35.9 per cent of the total number of internships, 31.9 per cent of the positions were unfilled last year. Vacancies in church controlled hospitals were the highest of any group, with 45.6 per cent of the total number of internships in these hospitals reported unfilled.

It is evident, considering the fact that there were 3,223 internship vacancies in approved hospitals last year, that the present demand for interns cannot foreseeably be met. The problems which have resulted from this increasing imbalance between the number of internships and the number of applicants have emphasized the need for a reclarification and redefinition of the internship and its present place in medical education. To study these problems and to consider the whole question of the internship in its broadest aspects, the Council has recently appointed an Advisory Committee on Internships with representatives from the profession, medical education, the major clinical divisions and hospital administration. Members of the committee include:

Dr. S. Howard Armstrong,	Chicago
Dr. Granville Bennett,	Chicago
Dr. Ulrich Bryner,	Salt Lake City
Dr. John Leonard,	Hartford
Dr. John McK. Mitchell,	Philadelphia
Dr. John Paine,	Buffalo
Dr. John Romano,	Rochester, N. Y.
Dr. Anthony J. J. Rourke,	San Francisco
Dr. Robert Willson,	Philadelphia
Dr. John Youmans,	Nashville
Dr. Victor Johnson, Chairman.	Rochester, Minn.

The Committee has held its first meeting at which general objectives were reviewed and plans laid for the future conduct of the study.

INTERNSHIPS BY TYPE OF SERVICE AND CONTROL

The Council approves three major types of internships, rotating, mixed, and straight. This year, in preparing the list of internships by type of service, it was necessary to add a fourth category, so called special internships, since a number of hospitals reported intern training programs which could not properly be included in any of these three major classifications. An analysis of internships offered last year by type of service and hospital control is given in Table 3. Federal hospitals offered a total of 646 internships, 589 of which were rotating, and 57 mixed. In the other governmental hospitals, excluding the federal group, 2,791 internships were offered; of these 2,344 or 84 per cent were rotating, 80 or 3 per cent were mixed and 367 or 13 per cent were straight services. Of the 6,274 offered in church, nonprofit association, partnership and corporation hospitals, 5,611 representing 89 per cent of the total, were rotating in type, 105 or approximately 2 per cent were mixed, and 558, or 9 per cent, were straight, one service internships. In addition, there were 333 internships which could not be classified as either rotating, mixed, or straight; in the lists of approved internships following this report (p. 404), these internships are classified as special. In all hospitals approved for intern training, the breakdown of internships by type of service shows that 85.4 per cent representing a total of 8,544 internships were rotating in type; 1.9 per cent or 185 internships were mixed, and 9.8 per cent, or 982 internships were straight services; an additional 333 internships were unclassified.

TABLE 4.—*Summaries of Results of Trial Run of Matching Plan*

Hospital Rating of Applicant	Number Matched	Percentage	Cumulative Percentage
1	3,016	59	59
2	1,609	32	91
3	393	8	99
4	45	1	100
	5,063	100	

STIPENDS

Analysis of the data submitted by the hospitals relative to internship stipends indicate that there has been a further increase in salaries being offered. This increase is greater in those hospitals which have no medical school affiliation. While last year 63 hospitals (9 per cent) reported that they paid no salaries to the intern staff, this year there were 9 hospitals including 7 teaching hospitals which furnished only maintenance for the intern staff. Sixty-two per cent of the teaching hospitals offered stipends of $62 per month or less this past year; 31 per cent paid salaries between $63-$137 per month and 7 per cent of these hospitals offered stipends in excess of $137 monthly. Comparable figures for hospitals not affiliated with a medical school are as follows: 24 per cent paid salaries of $62 per month or less; 58 per cent paid the intern staff between $63 and $137 monthly and the rest, representing 18 per cent of the total number, offered stipends of $138 per month or more.

TABLE 5.—*Summaries of Results of Trial Run of Matching Plan*

Student Ranking of Hospital	Number Matched	Percentage	Cumulative Percentage
1	3,395	67	67
2	964	19	86
3	313	6	92
4	189	4	96
5	83	2	98
6	55	1	99
Below 6	64	1	100
	5,063	100	

There is a correlation in the data submitted by the hospitals between the salary scale and the size of the hospital. In analyzing salaries in the range between $88 and $162 per month, it is found that while 65 per cent of the non-teaching hospitals with bed capacities of 150 or less offer stipends in this range, only 37 per cent of non-teaching hospitals of 350 beds or over, reported

V 14
1951

stipends of these amounts. The correlation was even more apparent in the teaching hospitals. In this group, 37 per cent of the hospitals of 150 beds or less, offered salaries between $88 and $162 monthly; in teaching hospitals of 350 bed capacity or larger, only 12 per cent gave their interns salaries within this range.

No specific information regarding stipends paid by the federal services is presented in the list of approved services. Interns appointed by the medical departments of the U. S. Army, Navy, Air Force and Public Health Service receive pay and allowances as established by government pay tables. In Veterans Administration hospitals, salaries are based on levels prevailing in the area, as determined by the Veterans Administration in cooperation with the local Deans Committee. Internships have been offered only in those Veterans Administration hospitals which are able to provide quarters for the intern staff on the hospital grounds.

MATCHING PLAN FOR INTERNSHIP APPOINTMENT

During the past year, a trial run was made of a method of internship appointment in which students internship preferences were matched with the hospital's rating of the applicants. This project was conducted by the National Interassociation Committee on Internships under the sponsorship of the Association of American Medical Colleges. Although the run was begun late in the year and under simulated conditions, the results were such as to warrant the adoption of the Matching Plan [3] as the official method of internship appointments for the coming year.

A description of the Matching Plan and a résumé of the trial run this past year have been sent to all hospitals approved for intern training. In the summary of the results of the trial run, it is pointed out that a successful matching occurred in 5,063 cases of the total number of 5,539 students who participated. Under actual operating conditions, the number of students who would not be successfully matched will be extremely limited; most of the cases which were not matched in the trial run resulted from incomplete or inaccurate records received from either the applicant or the hospital. These will be eliminated in the actual operation of the plan this year. Tables 4 and 5 summarize the results of the matching of the 5,063 cases in the matched group. Under the provisions of the plan, hospitals rated applicants in order of their preference or by groups as follows:

Group 1. Includes those students most preferred by the hospital. This group is limited to the number of appointments actually to be offered.

Group 2. Includes those students desired by the hospital as alternates to Group 1. The number of students rated in this category is limited to twice the number of appointments to be offered.

Group 3. Includes those students considered acceptable for appointment. The number of applicants rated in this category is not limited.

Group 4. Includes those students who are desired by the hospital if those in Groups 1-3 are not available. Ordinarily, ratings in this group are necessary only in hospitals appointing a large number of interns.

Group 5. Used by the hospital to designate students who will not be offered an appointment, were they to apply.

The student in turn rated hospitals in the order of his preference as to appointment. He listed all hospitals to which he presumably would apply. It will be seen from the summaries that the large majority of students were matched with a hospital of first or second choice. Obviously successful matching at this level will depend to some extent on the student's realistic appraisal of his opportunities for appointment. In this regard, it is interesting to note that in this trial run, realizing that no actual appointments were being made, students were matched with hospitals of their first or second choice in 86 per cent of cases. In only one per cent of the cases, was a student matched with a hospital which he had rated lower than sixth on his list. The results so far as the hospitals were concerned, were equally as encouraging. With 654 hospitals participating in the trial run, 91 per cent of the applicants who were successfully matched, were in the most desirable and alternate groups, 1 and 2; 8 per cent of the appointees were rated by the hospital as acceptable and only one per cent as acceptable only if other applicants were not available. Considering that this was a trial run, the results exceeded the expectations of the Committee when the project was initiated and proved the feasibility of the plan.

The Matching Plan is now being sponsored by the National Interassociation Committee on Internships and is the official plan for the appointment of interns this year. This committee includes representatives from the following organizations: Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges, the American Hospitals Association, the Catholic Hospital Association and the Protestant Hospital Association. The medical departments of the federal services have liaison representatives on the committee, one of whom is elected as a voting member.

The National Interassociation Committee on Internships has recently circularized all hospitals approved by the Council for intern training, as to their participation in the Matching Plan for appointments beginning next year. A directory of approved internships will soon be distributed to all senior medical students with instructions concerning procedure in applying for internship appointment. Students pay a service fee of $2.00 to the National Interassociation Committee when submitting an agreement to participate in the plan. Participating hospitals pay a fee of $3.00 per intern appointed under the Matching Plan at the time appointments are made. The hospital agrees to comply with the provisions of the plan in submitting its initial agreement.

Internship appointments in U. S. Army, Navy, Air Force and Public Health Services hospitals are made through the offices of the Surgeon General. Accordingly, students, under the Matching Plan, will list the federal services for which he is applying, in his preference list, rather than the federal hospitals to which he might desire to be assigned. If matched with a federal service then, he may apply to the Surgeon General for a specific assign-

3. J. A. M. A. Vol. 145, No. 17, April 28, 1951.

ment. In cases of Veterans Administration hospitals, however, since appointments are made locally, the student will list the particular hospital or hospitals to which he is applying, in his preference order.

It should be noted that the Matching Plan is a mechanism for facilitating the appointment of interns and it in no way interferes with a student's free selection of the hospital of his choice or with the hospitals preliminary negotiations with the student. The student applies to the hospital in the usual way and to as many as he may desire. He does agree, however, to accept appointment to the hospital with which he is matched according to his expressed preference. The hospital is free to correspond with and interview all applicants in whom it is interested. The hospital, like the student, agrees not to enter into any contractual relationship until after appointments have been made through the student-hospital matching procedure, and agrees further, that it will appoint those students on its list who are matched with the hospital under the provisions of the plan. Policies regarding procedural matters are established by the National Interassociation Committee prior to the actual matching, to eliminate the necessity of interpretation in individual cases.

The Council on Medical Education and Hospitals has approved the Matching Plan and is cooperating in implementing the plan for the appointment of interns this year. It is of the opinion that all approved hospitals should give wholehearted support to the plan as a sound method of intern appointment which is fair and impartial to both the student and the hospital.

Residencies

As of Sept. 1, 1951, there were 1,120 hospitals conducting 4,368 residency programs approved by the Council. Included are residencies in the following specialties and subspecialties:

Medical	**Surgical**
Dermatology-Syphilology	Anesthesiology
Internal Medicine	General Surgery
Allergy	Neurological Surgery
Cardiovascular Diseases	Obtetrics-Gynecology
Gastroenterology	Ophthalmology
Pulmonary Diseases	Orthopedic Surgery
Neurology	Otolaryngology
Pediatrics	Plastic Surgery
Contagious Diseases	Proctology
Physical Medicine	Thoracic Surgery
Psychiatry	Urology
Special	**Laboratory Services**
General Practice	Pathology
Malignant Diseases	Radiology
Occupational Medicine	
Preventive Medicine-Public Health	

A résumé of the number of approved programs, the number of residencies offered and the number and percentage of vacancies, by specialties is contained in Table 6. The statistics regarding the number of approved hospitals and the number of residencies offered may differ in some specialties from those found in the lists of approved services since the table is based on data available Aug. 1, 1951 while changes in the approved lists were made through September 1.

Internal Medicine again leads all other specialties in the number of residencies available, with 3,873 residencies offered in 559 hospitals; this represents an increase over last year of 122 residencies and 31 additional hospitals approved. In General Surgery, 474 hospitals offer a total of 3,698 residencies. In addition, there are 1,075 appointments in 133 hospitals approved by the Council as offering satisfactory training in general surgery in preparation for the surgical specialties.[4] Other specialties in which there are 1,000 or more residencies offered include: psychiatry, 1,768; obstetrics-gynecology, 1,599; pathology, 1,108; and radiology, 1,075.

For the first time, approved programs in preventive medicine and public health are included with 12 states and New York City sponsoring programs in this field. Another change this year is the classification of orthopedic surgery services into three categories: fully approved three year programs, which include training in adult orthopedics, children's orthopedics, fractures and the basic science aspects of the specialty; three year programs which include all the above divisions with the exception of children's orthopedics; and a third category which includes those hospitals offering partial training in one or more but not all divisions of the specialty. The lists of these services were developed in collaboration with the American Board of Orthopedic Surgery. This type of listing will enable prospective residents to refer more readily to those programs which best fit their individual training requirements. It also serves to simplify the evaluation of the resident's training. In the list of approved residencies, the number of first year appointments is given, as well as the total number of residencies offered.

RESIDENCY VACANCIES

Table 6, as previously noted, also includes information on the number and percentage of residency vacancies. Hospitals approved for residency training reported a total of 4,869 vacancies as of Jan. 1, 1951. This number has undoubtedly increased since the first of the year, with the entrance into military service of residents serving at that time. Last year, there were only 1,179 positions reported vacant, representing approximately 6 per cent of the total number offered. The figure this year reveals that twenty-five per cent of all residency appointments were unfilled. This reflects the fact, not only that residents have been called for military duty before completing their training, but also, and perhaps of more significance, that, to an increasingly greater extent, hospitals are having to rely on the intern class to fill their residency positions. The number of applicants seeking residencies, aside from the intern group, is unquestionably decreasing. It can be anticipated that this trend will continue at least until such time as interns and residents now entering military service are released.

4. J. A. M. A. Vol. 142, No. 15, April 15, 1950, p. 1216.

V 14
1951

The greatest percentage of vacancies occurred in the following fields: physical medicine, 58 per cent; malignant diseases, 50 per cent; cardiovascular diseases, 47 per cent; pulmonary diseases, 45 per cent; contagious diseases, 45 per cent and surgical programs in preparation for the specialties, 45 per cent. The relatively high percentage of vacancies in this latter category can be partially accounted for by the fact that approval for this type of program has been introduced relatively recently. In point of numbers, internal medicine was the highest with 924 vacancies reported. There were 642 surgical residencies unfilled, 534 vacant positions in psychiatry and 430 in pathology. The number of vacancies in obstetrics-gynecology have increased sharply; while last year there were only 30 positions reported unfilled, this year, 333 residencies in this specialty were vacant as of Jan. 1st last. Of the specialties in the major clinical divisions, pediatrics showed the fewest number and lowest percentage of vacancies with 185 residencies unfilled, representing approximately 15 per cent of the total number offered.

While it has been reported that there has been an increasing interest in general practice among medical students, the number preparing for this type of practice by taking a general practice residency has not been great. Last year, of the 224 positions available, 57 or 25 per cent were vacant. A number of these programs were approved during the past year however, and vacancies as of Jan. 1, accordingly, were to be expected. Undoubtedly, a number of physicians enter general practice directly from the internships; others take one or more years of training in a specialty, such as internal medicine, surgery, obstetrics-gynecology or pediatrics. Since residencies in general practice were only introduced within the past two years, it is not possible to make significant comparisons relative to the number of residents in these training programs nor to the number of vacancies.

It is apparent from a review of the data presented in Table 6, that the situation which obtained in the postwar period, when the number of applicants exceeded the number of available appointments, has now been completely reversed in all specialties. While the rapid expansion of the residency program during the past several years has leveled off, the number of residencies presently available presents a problem which will require thoughtful study and consideration.

TABLE 6.—*Internship Hospitals with Highest Autopsy Rates*

	FEDERAL		NONFEDERAL	
1.	Brooke Army Medical Center, San Antonio, Texas	99	Children's Hospital, Los Angeles, Calif.	93
2.	Veterans Admin. Hospital, Salt Lake City, Utah	98	Beverly Hospital, Beverly, Mass.	93
3.	Veterans Admin. Hospital, Long Beach, Calif.	93	University of Nebraska Hospital, Omaha, Neb.	91
4.	Fitzsimons Army Hospital, Denver, Colo.	91	Milwaukee Hospital, Milwaukee, Wis.	91
5.	Murphy Army Hospital, Waltham, Mass.	90	Hartford Hospital, Hartford, Conn.	87
6.	Veterans Admin. Hospital, Houston, Texas	90	Ravenswood Hospital, Chicago, Ill.	87
7.	U. S. Naval Hospital, Jacksonville, Fla.	89	Research and Educational Hospitals, Chicago, Ill.	85
8.	William Beaumont Army Hospital, El Paso, Texas	89	Collis P. and Howard Huntington Memorial Hospital, Pasadena, Calif.	84
9.	U. S. Public Health Service Hospital, San Francisco, Calif.	88	Colorado General Hospital, Denver, Colo.	83
10.	Letterman Army Hospital, San Francisco, Calif.	88	Children's Hospital Medical Center, Boston, Mass.	83
11.	U. S. Naval Hospital, Great Lakes, Ill.	88	University of California Hospital, San Francisco, Calif.	82
12.	U. S. Public Health Service Hospital, Galveston, Texas	87	Saginaw General Hospital, Saginaw, Mich.	82
13.	U. S. Naval Hospital, Bremerton, Wash.	87	Evanston Hospital, Evanston, Ill.	81
14.	Valley Forge Army Hospital, Phoenixville, Pa.	86	Lutheran Hospital, Baltimore, Md.	81
15.	U. S. Naval Hospital, San Diego, Calif.	85	Mary Hitchcock Memorial Hospital, Hanover, N. H.	81
16.	U. S. Public Health Service Hospital, Detroit, Mich.	83	Ohio State University Hospital, Columbus, Ohio	81
17.	Veterans Admin. Hospital, McKinney, Texas	81	Pennsylvania Hospital, Philadelphia, Pa.	81
18.	U. S. Public Health Service Hospital, Baltimore, Md.	80	St. Luke's Hospital, Chicago, Ill.	79
19.	U. S. Naval Hospital, Portsmouth, Va.	80	University of Minnesota Hospitals, Minneapolis, Minn.	79
20.	U. S. Public Health Service Hospital, Stapleton, N. Y.	70	Peter Bent Brigham Hospital, Boston, Mass.	78

TABLE 7.—*Residencies Offered and Number of Vacancies by Specialty—1951*

Specialty	Number of Approved Programs	Total Number of Residencies Offered	Number of Vacancies	Vacancy Percentage
Allergy	12	16	6	38
Anesthesiology	204	725	201	28
Cardiovascular Disease	25	58	27	47
Contagious Disease	14	58	26	45
Dermatology and Syphilology	85	221	51	23
Gastroenterology	9	14	3	21
General Practice	66	224	127	57
Internal Medicine	559	3,873	924	24
Malignant Diseases	18	48	24	50
Neurological Surgery	92	206	48	23
Neurology	80	216	85	39
Obstetrics and Gynecology	381	1,599	333	21
Occupational Medicine	1	2	1	50
Ophthalmology	172	551	114	21
Orthopedic Surgery	260	901	186	21
Otolaryngology	152	408	135	33
Pathology	438	1,108	430	39
Pediatrics	242	1,258	185	15
Physical Medicine	43	79	46	58
Plastic Surgery	25	48	16	33
Proctology	12	14	2	14
Psychiatry	232	1,768	534	30
Pulmonary Diseases	110	384	171	45
Radiology	365	1,075	298	28
Surgery *	133	266	110	41
Surgery †	474	3,698	642	17
Thoracic Surgery	45	110	26	24
Urology	213	536	118	22
Totals	4,462	19,364	4,869	25

* Programs approved by the Council as offering training in general surgery in preparation for residencies in the surgical specialties.
† Includes 74 residencies in 29 hospitals offering training integrated with or contributory to a fully approved program.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to September 1, 1951

HOSPITALS, 844 INTERNSHIPS, 9,278

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed and straight:

1. A rotating internship is defined as one which provides supervised experience in internal medicine, surgery, pediatrics, obstetrics and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one which provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one which provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, obstetrics (with or without gynecology) and pathology.

The number of internships listed for each hospital is that established under the Quota Basis for the Appointment of Interns. A number of these hospitals have requested a revision in the number of internships for which the hospital is approved. Action on these requests will be completed on or before October 15. The program has presently been placed on a voluntary participation basis. Hospitals are strongly urged, however, to co-operate under the provisions of the program, in the appointment of interns for the year 1952-1953.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols **X** and **x**. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 83 placed immediately after the symbol **X** or **x**. The list of medical schools appears on page 398. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Period(s) (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
UNITED STATES ARMY											
Army and Navy General Hospital +[1]	Hot Springs Natl. Pk., Ark.	Fed	451	3,690	R	12		No	Req	58	...
Letterman Army Hospital +[3]	San Francisco, Calif.	Fed	2,307	15,354	R	12		No	None	88	...
Fitzsimons Army Hospital +[3]-x16	Denver, Colo.	Fed	2,500	15,598	R	12		No	None	91	...
Army Medical Center +[1]-x18-19	Washington	Fed	1,700	13,509	R	12		No	Req	87	...
Murphy Army Hospital	Waltham, Mass.	Fed	715	8,275	R	12		No	Req	90	...
Percy Jones Army Hospital	Battle Creek, Mich.	Fed	1,600	9,911	R	12		No	Req	78	...
Valley Forge Army Hospital	Phoenixville, Pa.	Fed	1,800	1,842	R	12		No	Req	86	...
William Beaumont Army Hospital	El Paso, Tex.	Fed	1,500	9,878	R	12		No	Req	89	...
Brooke Army Hospital +[3]	San Antonio, Tex.	Fed	2,400	21,417	R	12		No	None	99	...
Madigan Army Hospital +	Fort Lewis, Wash.	Fed	1,784	11,871	R	12		No	Req	77	...
Gorgas Hospital +	Ancon, Canal Zone	.....	712	8,769	R	12		No	Req	58	...
Tripler Army Hospital +	Moanalua, Honolulu, Hawaii	Fed	1,500	15,590	R	12		No	None	87	...
UNITED STATES NAVY											
U. S. Naval Hospital [1]	Mare Island, Calif.	Fed	...	...	R	...		No	...	...	...
U. S. Naval Hospital +[1-3]	Oakland, Calif.	Fed	1,900	17,741	R	12		No	Req	79	...
U. S. Naval Hospital	Oceanside, Calif.	Fed	900	7,051	R	12		No	Req	68	...
U. S. Naval Hospital +[1]	San Diego, Calif.	Fed	1,800	20,965	R	12		No	Req	85	...
U. S. Naval Hospital	Jacksonville, Fla.	Fed	725	2,079	R	12		No	Req	89	...
U. S. Naval Hospital +[1]	Pensacola, Fla.	Fed	450	6,416	R	12		No	Req	53	...
U. S. Naval Hospital +[1-3]	Great Lakes, Ill.	Fed	1,400	10,152	R	12		No	Req	88	...
U. S. Naval Hospital +[1]-x18	Bethesda, Md.	Fed	1,400	13,992	R	12	Total: 208	No	Req	76	...
U. S. Naval Hospital +[1]	Chelsea, Mass.	Fed	825	6,849	R	12		No	Req	53	...
U. S. Naval Hospital +[1-3]	St. Albans, N.Y.	Fed	2,200	9,528	R	12		No	Req	61	...
U. S. Naval Hospital +[1]-x68	Philadelphia, Pa.	Fed	1,840	15,329	R	12		No	Req	74	...
U. S. Naval Hospital [1]	Newport, R.I.	Fed	650	5,932	R	12		No	None	71	...
U. S. Naval Hospital	Charleston, S.C.	Fed	600	6,199	R	12		No	Req	79	...
U. S. Naval Hospital +[3]	Portsmouth, Va.	Fed	1,658	15,455	R	12		No	Req	80	...
U. S. Naval Hospital	Bremerton, Wash.	Fed	500	4,970	R	12		No	Req	87	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital +[1-3]	San Francisco, Calif.	Fed	485	5,453	R	12		(130)	Req	88	...
U. S. Public Health Service Hospital +[1-3]	Chicago, Ill.	Fed	204	2,300	R	12		(108)	Req	67	...
U. S. Public Health Service Hospital +[1-3]	New Orleans, La.	Fed	436	5,651	R	12		No	Req	73	...
U. S. Public Health Service Hospital +[1-3]	Baltimore, Md.	Fed	526	6,561	R	12		No	Req	80	...
U. S. Public Health Service Hospital +[1-3]	Boston, Mass.	Fed	340	4,007	R	12		(113)	None	63	...
U. S. Public Health Service Hospital +[1]	Detroit, Mich.	Fed	250	2,315	R	12	Total: 122	(172)	Req	83	...
U. S. Public Health Service Hospital +[1-3]	Stapleton, S.I., N.Y.	Fed	860	9,384	R	12		(214)	Req	70	...
U. S. Public Health Service Hospital +[3]	Cleveland, Ohio	Fed	258	2,509	R	12		(221)	Req	74	...
U. S. Public Health Service Hospital [1]-x76	Galveston, Tex.	Fed	200	2,682	R	12		(250)	Req	87	...
U. S. Public Health Service Hospital [1-3]	Norfolk, Va.	Fed	316	4,720	R	12		(256)	Req	75	...
U. S. Public Health Service Hospital +[1-3]-x81	Seattle, Wash.	Fed	499	5,320	R	12		(260)	Req	73	...
FEDERAL SECURITY AGENCY											
Freedmen's Hospital +[1-3]-X20	Washington, D.C.	Fed	483	8,995	R-S	12	16	No	None	63	...
St. Elizabeth's Hospital +[1-3]-x18-X19	Washington, D.C.	Fed	6,590	1,648	R	12	12	(141)	Req	70	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1]	Little Rock, Ark.	Fed.	320	1,056	R	12	4	No	None	85	...
Veterans Admin. Hospital +[1]	Long Beach, Calif.	Fed	1,600	15,064	R	12	32	(147)	None	93	...
Veterans Admin. Hospital +[1]	Los Angeles, Calif.	Fed	1,449	22,762	S	12	29	No	Req	85	...
Veterans Admin. Hospital +[3]-x17	Newington, Conn.	Fed	341	4,282	S	12	13	No	None	82	...
Veterans Admin. Hospital +[1]	Chamblee, Ga.	Fed	631	11,893	S	12	8	(269)	None	73	...
Veterans Admin. Hospital +[1]-X62	Oklahoma City, Okla.	Fed	220	3,347	R	12	4	(227)	Req	58	...
Veterans Admin. Hospital +[1-x74	Nashville, Tenn.	Fed	600	7,357	S	12	11	(248)	None	69	...
Veterans Admin. Hospital +[1-X77	Houston, Tex.	Fed	746	6,134	R	12	25	(251)	Req	90	...
Veterans Admin. Hospital +[1-x75	McKinney, Tex.	Fed	619	6,293	S	12	22	No	None	81	...
Veterans Admin. Hospital +-X78	Salt Lake City, Utah	Fed	204	2,886	S	12	6	(254)	Req	98	...
Veterans Admin. Hospital +[1-x80	Richmond, Va.	Fed	1,100	6,911	S	12	10	No	None	84	...

Abbreviations and other references will be found on pages 398 and 399.

V 14
1951

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Internship (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Salary (Month)
NONFEDERAL											
ALABAMA											
Carraway Methodist Hospital +¹	Birmingham	Church	225	7,981	R	12	6	No	Req	45	100
Jefferson-Hillman Hospital +¹-³-X10	Birmingham	State	592	18,789	RMS	12	25	No	Req	49	25
Lloyd Noland Hospital +	Fairfield	NPAssn	300	8,354	R	12	12	No	Req	42	75
Holy Name of Jesus Hospital¹	Gadsden	Church	120	6,468	R	12	2	No	Req	24	75
City Hospital +	Mobile	CyCo	300	8,186	R	12	12	No	Req	52	150
ARIZONA											
Good Samaritan Hospital +¹	Phoenix	Church	210	9,958	R	12	9	(100)	Req	36	125
Memorial Hospital +¹	Phoenix	NPAssn	230	7,761	R	12	8	(118)	Req	44	150
St. Joseph's Hospital +¹	Phoenix	Church	192	9,598	R	12	6	(118)	None	48	125
St. Mary's Hospital and Sanatorium +¹	Tucson	Church	216	9,152	R	12	3	(119)	Req	47	100
Tucson Medical Center +¹	Tucson	NPAssn	242	6,230	R	12	7	(120)	None	44	100
ARKANSAS											
Arkansas Baptist Hospital +¹	Little Rock	Church	271	11,355	R	12	10	No	None	28	125
St. Vincent's Infirmary +¹	Little Rock	Church	200	8,947	R	12	9	(101)	Req	28	125
University Hospital +¹-X11	Little Rock	State	204	5,337	R	12	8	No	Req	59	75
CALIFORNIA											
Herrick Memorial Hospital +¹	Berkeley	NPAssn	190	7,849	R	12	4	No	Req	71	35
San Joaquin General Hospital +¹	French Camp	County	697	8,229	R	12	10	No	Req	52	135
Fresno County General Hospital +¹-³	Fresno	County	639	10,087	R	12	13	No	Req	36	120
Glendale Sanitarium and Hospital +¹	Glendale	Church	225	8,163	R	12	6	No	Req	52	178
Loma Linda Sanitarium and Hospital +¹-x13	Loma Linda	Church	166	4,751	R	12	5	No	Req	65	114
Long Beach Community Hospital¹	Long Beach	NPAssn	150	7,214	R	12	3	(121)	Req	19	50
Saint Mary's Long Beach Hospital	Long Beach	Church	250	9,865	R	12	5	No	None	25	50
Seaside Memorial Hospital +¹	Long Beach	NPAssn	370	14,197	R	12	8	(102)	Req	40	50
California Hospital +¹	Los Angeles	Church	317	14,511	R	12	13	(123)	Req	48	75
Cedars of Lebanon Hospital +¹	Los Angeles	NPAssn	310	12,276	R	12	12	(122)	Req	53	60
Childrens Hospital +¹-x14	Los Angeles	NPAssn	201	7,235	S	12	2	No	Req	93	40
Hospital of the Good Samaritan +¹	Los Angeles	Church	400	12,949	R	12	14	(124)	Req	43	90
Los Angeles County Hospital +¹-³-X13-14	Los Angeles	County	3,122	70,337	R	12	124	No	Req	55	60
Methodist Hospital +¹	Los Angeles	Church	296	8,479	R	12	10	No	Req	27	75
Presbyterian Hospital-Olmsted Memorial +¹	Los Angeles	Church	300	11,546	R-S	12	9	(125)	Req	38	60
Queen of Angels Hospital +¹	Los Angeles	Church	502	18,891	R	12	20	No	Req	49	75
St. Vincent's Hospital +	Los Angeles	Church	230	9,547	M	12	6	No	None	48	60
Santa Fe Coast Lines Hospital +	Los Angeles	NPAssn	195	4,112	R	12	6	(126)	Req	55	90
White Memorial Hospital +¹-X13	Los Angeles	Church	207	8,922	R	12	16	No	Req	57	112
Highland Alameda County Hospital +¹-³	Oakland	County	486	11,787	R	12	18	(127)	Req	40	75
Permanente Foundation Hospital +¹	Oakland	NPAssn	315	11,143	R	12	7	No	None	70	75
Orange County General Hospital ¹	Orange	County	450	4,887	R	12	12	No	Req	55	154
Collis P. and Howard Huntington Memorial Hosp. +¹	Pasadena	NPAssn	243	10,737	R	12	6	(128)	Req	84	117 50
St. Luke Hospital¹	Pasadena	Church	170	8,510	R	12	3	No	None	48	75
Sacramento County Hospital¹	Sacramento	County	470	11,171	R	12	18	No	Req	54	120
San Bernardino County Charity Hospital +-x13	San Bernardino	County	344	6,084	R	12	11	No	Req	55	110
Mercy Hospital +¹	San Diego	Church	332	13,787	R	12	6	No	Req	40	55
San Diego County General Hospital +¹	San Diego	County	1,047	8,609	R	12	14	No	Req	40	65
Children's Hospital +¹-x12	San Francisco	NPAssn	250	8,083	R	12	6	No	Req	63	35
Franklin Hospital +¹-x12	San Francisco	NPAssn	250	8,339	R	12	8	No	None	65	35
French Hospital +¹	San Francisco	NPAssn	225	7,102	R	12	7	No	Req	59	50
Mary's Help Hospital +¹	San Francisco	Church	183	7,277	R	12	5	No	Req	40	75
Mount Zion Hospital +¹-³	San Francisco	NPAssn	188	6,112	R	12	15	No	Req	65	50
St. Joseph's Hospital +¹	San Francisco	Church	238	7,544	R	12	6	No	Req	31	50
St. Luke's Hospital +¹	San Francisco	Church	229	8,384	R	12	4	No	Req	44	75
St. Mary's Hospital +¹	San Francisco	Church	371	11,451	R	12	10	No	Req	54	50
San Francisco Hospital +¹-³-X12-15	San Francisco	CyCo	1,101	22,993	R	12	52	No	Req	36	110
Southern Pacific General Hospital +¹	San Francisco	NPAssn	450	7,478	R	12	15	(129)	Req	62	100
Stanford University Hospitals +¹-X15	San Francisco	NPAssn	356	11,206	S	12	15	No	Req	57	25
University of California Hospital +¹-X12	San Francisco	State	296	8,443	S	12	21	(131)	Req	82	25
Santa Clara County Hospital +¹	San Jose	County	468	6,551	R	12	8	No	Req	72	95
Santa Barbara Cottage Hospital +¹	Santa Barbara	NPAssn	210	6,619	R	12	15	(132)	Req	59	60
St. John's Hospital +	Santa Monica	Church	108	6,474	R	12	4	No	Req	54	50
Santa Monica Hospital +¹	Santa Monica	Church	178	9,926	R	12	8	(133)	Req	40	50
Harbor General Hospital +¹	Torrance	County	873	7,599	R	12	18	No	None	73	60
COLORADO											
Glockner Penrose Hospital +¹	Colorado Springs	Church	220	5,004	R	12	4	No	Req	53	50
General Rose Memorial Hospital¹	Denver	NPAssn	244	11,561	R	12	6	(134)	None	40	50
Mercy Hospital +¹	Denver	Church	250	9,861	R	12	7	No	None	49	30
Porter Sanitarium and Hospital ¹	Denver	Church	140	5,778	R	12	7	(135)	Req	38	162
Presbyterian Hospital +¹-x16	Denver	Church	160	7,634	R	12	5	No	Req	59	55
St. Anthony Hospital +¹	Denver	Church	235	9,172	R	12	10	No	Req	44	50
St. Joseph's Hospital +¹	Denver	Church	338	12,764	R	12	6	No	Req	36	50
St. Luke's Hospital +¹	Denver	Church	280	11,351	R	12	9	(103)	None	52	50
University of Colorado Medical Center											
Colorado General Hospital +¹-X16	Denver	State	272	5,552	R	12	12	No	Req	83	30
Denver General Hospital +¹-X16	Denver	CyCo	467	7,814	R	12	16	No	Req	72	30
Corwin Hospital +¹	Pueblo	Church	206	6,339	R	12	4	No	None	51	50
CONNECTICUT											
Bridgeport Hospital +¹	Bridgeport	NPAssn	400	10,300	R	12	10	No	Req	45	100
St. Vincent's Hospital +¹	Bridgeport	Church	345	12,374	R	12	8	(136)	Req	30	100
Danbury Hospital	Danbury	NPAssn	168	5,424	R	12	5	No	None	46	100
Greenwich Hospital¹	Greenwich	NPAssn	128	4,475	R	12	5	No	Req	63	75
Hartford Hospital +¹-³	Hartford	NPAssn	810	27,487	R	24	24	No	Req	87	
J. J. McCook Memorial Hospital¹	Hartford	City	265	4,139	R	12	4	No	Req	67	120
St. Francis Hospital +¹-³	Hartford	Church	535	18,752	R	12	14	(137)	Req	32	35
Meriden Hospital¹	Meriden	NPAssn	121	5,696	R	12	4	No	None	41	100
Middlesex Hospital +¹-x17	Middletown	NPAssn	150	6,380	R	12	4	No	None	46	50
New Britain General Hospital +¹	New Britain	NPAssn	267	10,075	R	12	6	No	Req	68	75
Grace-New Haven Community Hospital											
Grace Unit +¹	New Haven	NPAssn	163	5,836	R	24	8	No	Req	37	25
New Haven Unit (University Service) +¹-³-X17	New Haven	NPAssn	542	12,501	S	12	35	(138)	Req	48	
Hospital of St. Raphael +¹	New Haven	Church	370	9,538	R	12	11	No	Req	21	50
Lawrence and Memorial Associated Hospitals +¹	New London	NPAssn	233	6,985	R	12	4	No	None	17	100
Norwalk Hospital +¹	Norwalk	NPAssn	247	8,785	R	12	5	No	Req	48	130
William W. Backus Hospital	Norwich	NPAssn	138	5,068	R	12	3	No	Req	25	150
Stamford Hospital +¹	Stamford	NPAssn	232	7,694	R	12	9	No	Req	56	150
St. Mary's Hospital +¹-³	Waterbury	Church	327	12,272	R	12	6	No	Req	31	100
Waterbury Hospital +¹-³	Waterbury	NPAssn	324	13,458	R	12	7	No	Req	58	75

Abbreviations and other references will be found on pages 398 and 399.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
DELAWARE											
Delaware Hospital +[1-3]	Wilmington	NPAssn	377	11,157	R	12	11	No	Req	56	100
Memorial Hospital +[1-X64]	Wilmington	NPAssn	210	5,773	R	12	4	No	Req	63	100
Wilmington General Hospital +[1]	Wilmington	NPAssn	184	5,742	R	12	6	No	Req	46	100
DISTRICT OF COLUMBIA											
Central Dispensary and Emergency Hospital +[1-3-x19]	Washington	NPAssn	300	7,274	R	12	13	(139)	Req	49	50
Doctors Hospital +[1]	Washington	Corp	237	9,598	R	12	6	(104)	None	65	50
Gallinger Municipal Hospital +[1-3-X18-19-x20]	Washington	City	1,416	23,716	R	12	50	No	Req	44	75
Garfield Memorial Hospital +[1]	Washington	NPAssn	302	9,974	R	12	12	No	Req	62	50
Georgetown University Hospital +[1-3-X18]	Washington	Church	361	10,892	S	12	9	(140)	Req	64	25
George Washington University Hospital +[1-3-X19]	Washington	NPAssn	495	13,561	S	12	17	No	Req	63	105
Providence Hospital +[1-x18]	Washington	Church	288	10,768	R	12	12	No	Req	61	50
Sibley Memorial Hospital +[1]	Washington	Church	256	10,932	R	12	9	No	None	55	50
Washington Sanitarium and Hospital [1-x18]	Washington	Church	226	5,431	R	12	4	No	Req	38	130
FLORIDA											
Duval Medical Center +	Jacksonville	County	330	7,615	R	12	10	No	Req	57	15
St. Luke's Hospital +	Jacksonville	NPAssn	180	7,686	R	12	4	No	None	41	100
St. Vincent's Hospital +[1]	Jacksonville	Church	239	11,249	R	12	9	No	Req	52	100
Jackson Memorial Hospital +[1-3]	Miami Beach	County	509	18,237	R	12	32	No	Req	51	34 50
Mount Sinai Hospital [1]	Miami Beach	NPAssn	258	6,664	R	12	6	No	Req	35	150
St. Francis Hospital	Miami Beach	Church	175	4,478	R	12	4	No	Req	19	75
Orange Memorial Hospital +[1]	Orlando	NPAssn	212	8,639	R	12	9	No	Req	41	100
Sacred Heart Hospital	Pensacola	Church	160	6,141	R	12	3	No	None	39	50
Tampa Municipal Hospital +[1]	Tampa	City	300	11,085	R	12	8	No	Req	24	75
GEORGIA											
St. Mary's Hospital [1]	Athens	Church	102	5,286	R	12	3	No	Req	21	150
Crawford W. Long Memorial Hospital +[1]	Atlanta	NPAssn	481	22,218	R	12	15	(142)	Req	44	50
Georgia Baptist Hospital +[1]	Atlanta	Church	209	8,023	R	12	12	No	Req	37	125
Grady Memorial Hospital +[1-3-X21]	Atlanta	Counties	610	17,067	S	12	40	No	Req	60	10
Piedmont Hospital +[1]	Atlanta	NPAssn	132	6,043	R	12	5	No	None	49	75
St. Joseph's Infirmary +[1]	Atlanta	Church	150	7,029	R	12	5	(142)	Req	38	150
University Hospital +[1-X22]	Augusta	City	456	16,515	R	12	13	No	Req	31	20
Columbus City Hospital [1]	Columbus	City	260	10,266	R	12	8	No	Req	23	200
Emory University Hospital +[1-x21]	Emory University	NPAssn	283	10,541	S	12	8	(105)	None	57	25
Macon General Hospital [1]	Macon	CyCo	264	13,397	R	12	8	(143)	Req	24	100
ILLINOIS											
MacNeal Memorial Hospital +[1]	Berwyn	NPAssn	165	8,596	R	12	4	No	Req	39	100
Alexian Brothers Hospital +	Chicago	Church	251	6,022	R	12	7	(106)	None	41	125
American Hospital +[1]	Chicago	NPAssn	152	5,530	R	12	4	No	Req	40	25
Augustana Hospital +[1]	Chicago	Church	276	9,417	R	12	10	No	Req	54	50
Chicago Memorial Hospital +[1]	Chicago	NPAssn	92	2,638	R	12	5	(144)	Req	76	150
Columbus Hospital	Chicago	Church	450	5,322	R	12	16	No	None	62	75
Cook County Hospital +[1-3-X23-24-26-27]	Chicago	County	3,200	69,300	R	24	100	No	Req	21	15
Edgewater Hospital [1]	Chicago	NPAssn	144	7,907	R	12	6	No	None	44	100
Englewood Hospital +	Chicago	NPAssn	160	6,403	R	12	6	No	None	32	100
Evangelical Hospital [1]	Chicago	Church	195	8,113	R	12	7	No	None	29	150
Garfield Park Community Hospital [1]	Chicago	NPAssn	150	6,019	R	12	6	No	None	38	175
Grant Hospital +[1]	Chicago	NPAssn	236	7,224	R	12	9	No	Req	56	100
Henrotin Hospital +[1]	Chicago	NPAssn	100	3,427	R	12	4	No	Req	58	75
Holy Cross Hospital [1]	Chicago	Church	143	6,356	R	12	5	No	None	67	100
Hospital of St. Anthony de Padua +[1]	Chicago	Church	217	7,842	R	12	9	No	None	34	100
Illinois Central Hospital +[1-x26]	Chicago	NPAssn	260	8,383	R	12	9	(145)	Req	42	111 25
Illinois Masonic Hospital +[1]	Chicago	NPAssn	225	8,369	R	12	7	No	Req	54	25
Jackson Park Hospital [1]	Chicago	Corp	146	5,509	R	12	6	No	None	38	150
Loyola University Hospital Group											
Loretto Hospital +[1-X27]	Chicago	Church	139	5,226	R	12	6	(146)	None	72	75
Lutheran Deaconess Home and Hospital +	Chicago	Church	193	7,268	R	12	5	No	None	45	50
Mercy Hospital +[1-X27]	Chicago	Church	357	9,420	R	12	12	No	Req	47	25
Michael Reese Hospital +[1]	Chicago	NPAssn	645	17,639	R	12	40	(107)	Req	72	15
Mother Cabrini Memorial Hospital [1]	Chicago	Church	129	6,701	R	12	5	No	None	42	100
Mount Sinai Hospital +[1-X23]	Chicago	NPAssn	283	10,189	R-S	12	17	(148)	OP	63	15
Norwegian American Hospital +[1]	Chicago	NPAssn	175	5,947	R	12	6	No	None	40	100
Passavant Memorial Hospital +[1-X24]	Chicago	NPAssn	260	8,726	R	12	11	(149)	None	66	...
Presbyterian Hospital +[1-X26]	Chicago	NPAssn	450	12,820	R	12	30	No	None	68	...
Provident Hospital [1]	Chicago	NPAssn	180	7,417	R	12	8	No	Req	50	35
Ravenswood Hospital +[1]	Chicago	NPAssn	207	7,741	R	12	6	No	Req	87	70
Research and Educational Hospitals +[1-3-X26]	Chicago	State	422	6,442	R	12	34	No	Req	85	15
Roseland Community Hospital	Chicago	NPAssn	102	3,764	R	12	4	No	None	25	175
St. Anne's Hospital +[1]	Chicago	Church	320	11,318	R	12	10	No	None	37	100
St. Bernard's Hospital +	Chicago	Church	189	8,764	R-S	12	6	No	None	37	100
St. Elizabeth Hospital +[1]	Chicago	Church	324	10,189	R	12	6	No	None	34	100
St. Joseph Hospital +[1-x24]	Chicago	Church	197	6,125	R	12	6	No	Req	52	100
St. Luke's Hospital +[1-X24-x26]	Chicago	NPAssn	579	17,383	R	12	24	No	Req	79	...
St. Mary of Nazareth Hospital +	Chicago	Church	263	9,433	R	12	6	No	Req	39	150
South Chicago Community Hospital [1]	Chicago	NPAssn	235	9,171	R	12	6	No	Req	30	150
Swedish Covenant Hospital +[1]	Chicago	Church	193	6,484	R	12	7	No	Req	30	100
University of Chicago Clinics +[1-3-X25]	Chicago	NPAssn	550	13,213	R-S	12	24	No	Req	77	...
Walther Memorial Hospital [1]	Chicago	Church	175	6,143	R	12	6	No	Req	51	100
Wesley Memorial Hospital +[1-X24]	Chicago	Church	571	15,764	R	12	22	(150)	None	63	...
Women and Children's Hospital +[2]	Chicago	NPAssn	115	3,478	R	12	4	No	Req	53	50
Woodlawn Hospital +[1]	Chicago	NPAssn	125	4,028	R	12	4	No	Req	57	100
St. Mary's Hospital	East St. Louis	Church	290	7,413	R	12	8	No	None	36	150
Memorial Hospital [1]	Elmhurst	NPAssn	185	7,762	R	12	6	No	None	47	125
Evanston Hospital +[1-X24]	Evanston	NPAssn	339	8,551	R	12	18	(151)	Req	81	...
St. Francis Hospital +[1]	Evanston	Church	366	12,626	R	12	12	No	None	47	125
Little Company of Mary Hospital +[1]	Evergreen Park	Church	250	11,606	R	12	8	No	None	40	100
St. Joseph's Hospital +	Joliet	Church	300	9,509	R	12	5	No	None	27	100
Moline Public Hospital [1]	Moline	City	191	7,707	R	12	3	No	Req	27	100
Oak Park Hospital [1]	Oak Park	Church	146	5,298	R	12	6	No	None	21	75
West Suburban Hospital +-x26	Oak Park	NPAssn	329	12,268	R	12	12	No	Req	47	50
Methodist Hospital of Central Illinois +[1]	Peoria	Church	200	8,319	R	12	8	No	None	42	125
St. Francis Hospital +[1]	Peoria	Church	530	16,167	R	12	12	No	Req	46	75
St. Mary's Hospital [1]	Quincy	Church	200	7,916	R	12	5	No	Req	20	75
Rockford Memorial Hospital [1]	Rockford	NPAssn	130	5,312	R	12	4	No	Req	49	100
St. Anthony's Hospital [1]	Rockford	Church	258	7,979	R	12	4	(152)	Req	42	75
Swedish American Hospital [1]	Rockford	NPAssn	125	6,753	R	12	3	No	None	36	150
Meemorial Hospital [1]	Springfield	NPAssn	254	6,246	R	12	4	No	None	19	100

Abbreviations and other references will be found on pages 398 and 399.

V 14
1951

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Rotation (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Salary (Month)
INDIANA											
St Catherine Hospital[1]	East Chicago	Church	311	8,653	R	12	7	No	None	30	150
Protestant Deaconess Hospital +[1]	Evansville	Church	245	11,406	R	12	4	No	Req	33	100
Lutheran Hospital[1]	Fort Wayne	Church	192	8,845	R	12	4	No	Req	28	100
St. Mary's Hospital	Gary	Church	218	7,982	R	12	8	No	None	24	125
St. Margaret Hospital +	Hammond	Church	260	10,862	R	12	10	No	None	37	150
Indianapolis General Hospital +[1-3]-X28	Indianapolis	City	685	9,844	R-S	12	36	(153)	Req	44	70
Indiana University Medical Center +[1-3]-X29	Indianapolis	State	581	11,198	R-S	12	24	(154)	Req	70	80
Methodist Hospital +[1]	Indianapolis	Church	623	23,862	R	12	22	No	Req	39	200
St. Vincent's Hospital +[1]	Indianapolis	Church	325	12,442	R	12	11	No	Req	45	150
St. Elizabeth Hospital +	LaFayette	Church	305	8,732	R	12	10	No	Req	31	150
St. Joseph Hospital[1]	Mishawaka	Church	126	4,426	R	12	3	No	None	32	100
Ball Memorial Hospital +[1]	Muncie	NPAssn	250	9,642	R	12	6	No	None	37	75
Memorial Hospital +[1]	South Bend	NPAssn	220	9,108	R	12	4	No	Req	44	100
St. Joseph's Hospital[1]	South Bend	Church	177	7,489	R	12	5	No	Req	35	125
St. Anthony Hospital[1]	Terre Haute	Church	186	6,292	R	12	4	No	None	21	150
IOWA											
Mercy Hospital[1]	Cedar Rapids	Church	207	10,049	R	12	4	No	None	36	100
St. Luke's Methodist Hospital +[1]	Cedar Rapids	Church	200	8,899	R	12	5	No	Req	46	100
Mercy Hospital[1]	Council Bluffs	Church	185	5,627	R	12	4	No	None	23	100
Broadlawns Polk County Hospital +[1]	Des Moines	County	267	4,547	R	12	8	No	Req	53	75
Iowa Lutheran Hospital[1]	Des Moines	Church	135	6,255	R	12	8	No	None	24	125
Iowa Methodist Hospital +[1]	Des Moines	Church	313	11,871	R	12	8	No	Req	61	100
Mercy Hospital +[1]	Des Moines	Church	190	8,774	R	12	6	(109)	None	69	150
University Hospitals +[1-3]-X29	Iowa City	State	891	18,210	R	12	20	No	Req	72	35
St. Joseph Mercy Hospital[1]-x71	Sioux City	Church	300	9,481	R	12	3	No	Req	21	175
KANSAS											
Bethany Hospital[1]	Kansas City	Church	150	7,400	R	12	6	No	None	52	100
Providence Hospital[1]	Kansas City	Church	140	6,169	R	12	4	(110)	Req	48	100
St. Margaret's Hospital +[1]	Kansas City	Church	196	6,420	R	12	6	No	Req	37	125
University of Kansas Medical Center +[1-3]-X30	Kansas City	State	420	11,136	R	12	11	No	Req	70	25
St. Francis Hospital +[1]	Wichita	Church	465	16,565	R-S	12	8	No	None	43	125
Wesley Hospital +[1]	Wichita	Church	380	13,502	R	12	8	(155)	Req	40	100
Wichita Hospital[1]	Wichita	Church	140	4,226	R	12	5	No	Req	38	150
KENTUCKY											
St. Elizabeth Hospital[1]	Covington	Church	312	9,610	R	12	13	No	Req	31	125
William Booth Memorial Hospital[1]	Covington	Church	118	5,550	R	12	5	No	None	29	...
Good Samaritan Hospital +[1]	Lexington	Church	300	10,591	R	12	6	No	None	30	75
St. Joseph Hospital +[1]	Lexington	Church	314	10,359	R	12	6	No	Req	59	100
Kentucky Baptist Hospital	Louisville	Church	285	11,735	R	12	8	No	None	25	75
Louisville General Hospital +[1-X31	Louisville	Cty Co	359	10,066	R-S	12	18	(156)	Req	49	20
Norton Memorial Infirmary +[1]	Louisville	NPAssn	280	9,479	R	12	6	No	None	37	75
St. Anthony Hospital	Louisville	Church	220	7,738	R	12	5	No	None	34	125
St. Joseph Infirmary +[1]	Louisville	Church	448	13,622	R	12	8	(157)	Req	34	150
SS. Mary and Elizabeth Hospital	Louisville	Church	175	7,461	R	12	4	(111)	Req	27	150
LOUISIANA											
Baptist Hospital +[1]	Alexandria	Church	187	8,023	R	12	4	(158)	Req	31	100
Baton Rouge General Hospital +[1]	Baton Rouge	NPAssn	250	10,035	R	12	5	No	None	36	35
Charity Hospital of Louisiana +[1-3]-X32-33	New Orleans	State	2,559	54,593	R	12	122	No	Req	53	10
Hotel Dieu, Sisters' Hospital +[1]	New Orleans	Church	293	12,537	R	12	10	No	Req	36	50
Mercy Hospital-Soniat Memorial	New Orleans	Church	125	5,049	R	12	5	No	None	32	150
Ochsner Foundation Hospital +[1]	New Orleans	NPAssn	216	5,297	M	12	5	No	None	66	75
Southern Baptist Hospital +[1]	New Orleans	Church	342	15,142	R	12	12	No	None	52	50
Touro Infirmary +[1-x33	New Orleans	NPAssn	371	17,342	R	12	19	No	Req	65	10
North Louisiana Sanitarium[1]	Shreveport	Corp	130	4,654	R	12	3	No	None	25	150
Shreveport Charity Hospital +[1]	Shreveport	State	805	16,155	R	12	28	No	Req	49	20
T. E. Schumpert Memorial Sanitarium[1]	Shreveport	Church	107	7,188	R	12	2	No	None	43	250
MAINE											
Eastern Maine General Hospital +[1]	Bangor	NPAssn	292	8,445	R	12	6	No	Req	55	25
Central Maine General Hospital +[1]	Lewiston	NPAssn	226	5,764	R	12	6	No	Req	44	100
St. Mary's General Hospital[1]	Lewiston	Church	155	5,388	R	12	3	No	Req	40	80
Maine General Hospital +[1]	Portland	NPAssn	343	8,490	R	12	9	No	Req	48	25
MARYLAND											
Baltimore City Hospital +[1-3]-x34-X35	Baltimore	City	1,810	7,322	R-S	12	35	No	Req	66	15
Bon Secours Hospital +	Baltimore	Church	158	5,328	R	12	3	No	Req	38	100
Church Home and Hospital +[1]	Baltimore	Church	173	5,468	R-S	12	5	(159)	Req	52	70
Franklin Square Hospital +[1]	Baltimore	NPAssn	200	8,838	R	12	8	(159)	Req	34	100
Hospital for Women +[1]	Baltimore	NPAssn	141	5,320	R	12	5	(112)	Req	36	25
Johns Hopkins Hospital +[1-3]-X34	Baltimore	NPAssn	993	18,775	S	12	68	No	Req	76	...
Lutheran Hospital +[1-3]	Baltimore	Church	187	9,692	R	12	7	(204)	Req	81	75
Maryland General Hospital +[1]	Baltimore	Church	229	6,141	R	12	8	No	Req	32	50
Mercy Hospital +[1-X35	Baltimore	Church	292	9,311	R	12	10	No	Req	56	50
Provident Hospital and Free Dispensary +[1-3]	Baltimore	NPAssn	132	3,531	R	12	6	No	Req	18	50
St. Agnes Hospital[1]	Baltimore	Church	216	7,176	R	12	4	No	Req	53	75
St. Joseph's Hospital +[1]	Baltimore	Church	250	6,980	R	12	8	No	Req	27	100
Sinai Hospital +[1-3]	Baltimore	NPAssn	313	10,439	R-S	12	21	No	Req	49	25
South Baltimore General Hospital +[1]	Baltimore	NPAssn	153	4,724	R	12	6	(160)	None	36	60
Union Memorial Hospital +[1]	Baltimore	NPAssn	335	8,697	R	12	16	No	Req	56	25
University Hospital +[1-3]-X36	Baltimore	State	435	11,081	R	12	32	No	Req	52	...
Washington County Hospital[1]	Hagerstown	NPAssn	158	6,569	R	12	5	No	Req	24	100
MASSACHUSETTS											
Beverly Hospital +[1]	Beverly	NPAssn	166	5,232	R	12	4	No	Req	93	50
Beth Israel Hospital +[1-3]-X37-38	Boston	NPAssn	365	6,868	S	12	13	(161)	Req	65	...
Boston City Hospital +[1-3]-X36-38	Boston	City	2,376	37,147	S	12	77	No	Req	30	70
Carney Hospital +-X38	Boston	Church	224	6,249	S	12	5	No	Req	32	50
Children's Medical Center +[1-3]-X37-x38	Boston	NPAssn	499	10,304	S	12	5	(162)	None	83	...
Faulkner Hospital +[1]	Boston	NPAssn	144	4,022	M	12	3	No	None	66	25
Massachusetts General Hospital +[1-3]-X37	Boston	NPAssn	964	17,054	S	12	24	(163)	Req	66	...
Massachusetts Memorial Hospitals +[1-3]-X38	Boston	NPAssn	359	7,260	S	12	17	(164)	Req	60	...
New England Center Hospital +[1-X38	Boston	NPAssn	170	5,514	S	12	11	(165)	Req	65	25
New England Hospital +[2-x38	Boston	NPAssn	166	4,198	R	12	8	No	Req	55	25
Peter Bent Brigham Hospital +[1-3]-X37	Boston	NPAssn	250	5,189	S	12	21	(166)	Req	78	...
St Elizabeth's Hospital +[1-X38	Boston	Church	400	9,076	R	12	7	No	Req	47	75
Brockton Hospital[1]	Brockton	NPAssn	120	4,357	R	12	4	No	Req	39	50
Cambridge City Hospital +[1-x38	Cambridge	City	270	5,857	R	12	8	No	Req	48	100
Mount Auburn Hospital +[1-x38	Cambridge	NPAssn	222	6,873	R	12	4	No	Req	64	50

Abbreviations and other references will be found on pages 398 and 399.

147
51

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend ($/Month)
MASSACHUSETTS—Continued											
Truesdale Hospital [+]	Fall River	NPAssn	153	4,667	R	12	4	No	Req	58	50
Union Hospital [1]	Fall River	NPAssn	170	5,236	R	12	4	No	Req	29	150
Burbank Hospital [+]	Fitchburg	City	250	5,895	R	12	4	No	Req	53	150
Holyoke Hospital [+1-3]	Holyoke	NPAssn	140	4,045	R	12	3	No	Req	27	100
Lawrence General Hospital [+]	Lawrence	NPAssn	189	6,309	R-S	12	4	No	Req	53	70
Lowell General Hospital [1]	Lowell	NPAssn	183	5,279	R	12	4	No	Req	46	50
St. John's Hospital [1]	Lowell	Church	189	6,710	R	12	4	No	Req	39	100
St. Joseph's Hospital	Lowell	Church	182	5,494	R	12	2	No	Req	31	200
Lynn Hospital [+]	Lynn	NPAssn	248	8,846	R	12	6	No	Req	43	100
St. Luke's Hospital [+]	New Bedford	NPAssn	298	8,388	R	12-24	6	No	Req	33	100
Newton Wellesley Hospital [+]	Newton Lower Falls	NPAssn	230	6,445	R	12	6	No	Req	50	25
Pittsfield General Hospital	Pittsfield	NPAssn	197	4,930	R	12	2	No	Req	30	50
St. Luke's Hospital [1]	Pittsfield	Church	150	4,490	R	12	2	No	None	28	100
Quincy City Hospital [+]	Quincy	City	275	10,444	R	12-24	9	No	Req	72	100
Salem Hospital [+]	Salem	NPAssn	239	7,676	R-S	12	4	No	Req	42	85
Mercy Hospital [1]	Springfield	Church	340	10,858	R	12	6	No	Req	37	40
Springfield Hospital [+]	Springfield	NPAssn	281	8,886	R	12	8	(265)	Req	40	25
Wesson Memorial Hospital [1]	Springfield	NPAssn	130	4,633	R	12	4	(114)	None	40	100
Waltham Hospital [1-x38]	Waltham	NPAssn	174	5,163	R	12	4	No	Req	40	125
Memorial Hospital [+1-3]	Worcester	NPAssn	269	9,721	R	12	10	No	Req	48	100
St. Vincent Hospital [+]	Worcester	Church	242	7,573	R	12	6	No	None	37	50
Worcester City Hospital [+1-3-x38]	Worcester	City	480	12,755	R	24	20	No	Req	49	50
MICHIGAN											
St. Joseph's Mercy Hospital [+]	Ann Arbor	Church	240	9,320	R	12	6	(115)	Req	53	100
University Hospital [+1-3-X39]	Ann Arbor	State	1,010	16,900	R	12	35	No	None	69	97.50
Leila Y. Post Montgomery Hospital [+]	Battle Creek	Church	175	7,864	R	12	2	No	Req	33	150
City of Detroit Receiving Hospital [+1-X40]	Detroit	City	550	18,138	R	12	60	(167)	Req	55	170
Detroit Memorial Hospital [+]	Detroit	NPAssn	294	10,377	R	12	10	No	Req	40	150
Evangelical Deaconess Hospital [+]	Detroit	Church	168	9,931	R	12	5	No	Req	18	150
Grace Hospital [+1-x40]	Detroit	NPAssn	641	27,441	R	12	30	No	Req	46	200
Harper Hospital [+]	Detroit	NPAssn	600	24,765	R	12	35	(168)	Req	47	175
Henry Ford Hospital [+]	Detroit	NPAssn	600	18,335	R	12	25	No	None	66	170
Jennings Memorial Hospital [+]	Detroit	NPAssn	130	3,861	R	12	4	(169)	None	46	150
Mt. Carmel Mercy Hospital [+]	Detroit	Church	450	19,427	R	12	18	(170)	Req	42	100
Providence Hospital [+]	Detroit	Church	350	14,277	R-S	12	16	(171)	None	57	175
St. Joseph's Mercy Hospital [+]	Detroit	Church	171	8,098	R	12	6	No	Req	38	150
Woman's Hospital [+]	Detroit	NPAssn	246	10,972	R	12	6	(173)	Req	50	155
Wayne County General Hospital and Infirmary [+]	Eloise	County	3,859	8,774	R	12	17	(174)	Req	33	222
Hurley Hospital [+]	Flint	City	423	18,557	R	12	16	No	None	46	136
St. Joseph Hospital [1]	Flint	Church	230	11,680	R	12	5	No	Req	32	150
Blodgett Memorial Hospital [+]	Grand Rapids	NPAssn	179	7,002	R	12	6	(175)	Req	34	150
Butterworth Hospital [+]	Grand Rapids	NPAssn	270	14,283	R	12	13	No	Req	58	100
St. Mary's Hospital [+]	Grand Rapids	Church	256	9,882	R	12	7	No	Req	37	200
Highland Park General Hospital [+]	Highland Park	City	255	10,011	R	12	7	No	Req	40	167
Borgess Hospital [+]	Kalamazoo	Church	250	7,698	R	12	4	No	None	21	...
Bronson Methodist Hospital [+]	Kalamazoo	Church	140	5,938	R	12	4	No	None	48	100
Edward W. Sparrow Hospital [+]	Lansing	NPAssn	281	10,384	R	12	8	(176)	Req	53	250
St. Lawrence Hospital [+]	Lansing	Church	275	10,481	R	12	8	No	None	56	225
Hackley Hospital [+]	Muskegon	NPAssn	184	8,194	R	12	5	No	Req	36	100
Pontiac General Hospital [+]	Pontiac	City	198	10,315	R	12	4	(177)	Req	43	80
St. Joseph Mercy Hospital [+]	Pontiac	Church	257	11,644	R	12	5	(116)	Req	29	200
Saginaw General Hospital [+]	Saginaw	NPAssn	206	8,880	R	12	4	No	Req	82	250
St. Luke's Hospital [+]	Saginaw	Church	80	3,815	R	12	4	No	None	38	100
St. Mary's Hospital [1]	Saginaw	Church	172	8,991	R	12	4	No	None	36	250
James Decker Munson Hospital [1]	Traverse City	NPAssn	134	4,668	R	12	4	(117)	None	54	97
MINNESOTA											
St. Luke's Hospital	Duluth	NPAssn	287	11,604	R	12	13	(178)	Req	72	50
St. Mary's Hospital [+]	Duluth	Church	285	10,585	R	12	8	(178)	Req	67	75
Abbott Hospital [+]	Minneapolis	Church	126	7,903	R	12	4	(179)	None	60	175
Asbury Hospital [+]	Minneapolis	Church	150	6,638	R	12	4	No	None	42	100
Lutheran Deaconess Home and Hospital [+]	Minneapolis	Church	160	7,455	R	12	3	No	None	29	50
Minneapolis General Hospital [+]-X41	Minneapolis	City	574	8,158	R	12	36	No	Req	52	50
Northwestern Hospital [+]	Minneapolis	NPAssn	260	10,822	R-S	12	8	No	None	58	75
St. Barnabas Hospital [+]	Minneapolis	NPAssn	200	10,125	R	12	5	(180)	Req	70	...
St. Mary's Hospital [+]	Minneapolis	Church	335	13,599	R	12	7	(180)	None	45	75
Swedish Hospital [+]	Minneapolis	NPAssn	420	15,591	R	12	6	No	Req	41	125
University of Minnesota Hospitals [+1-3-X41]	Minneapolis	State	450	10,619	S	12	27	(181)	Req	79	15
Ancker Hospital [+1-x41]	St. Paul	CyCo	850	7 964	R	12	24	No	Req	60	30
Bethesda Hospital [1]	St. Paul	Church	162	8,301	R	12	4	(182)	Req	68	100
Charles T. Miller Hospital [+]	St. Paul	NPAssn	275	9,296	R	12	7	(181)	Req	57	50
St. Joseph's Hospital [+]	St. Paul	Church	291	11,333	R	12	10	(268)	Req	42	75
St. Luke's Hospital [1]	St. Paul	NPAssn	116	5,297	R	12	4	No	Req	28	100
MISSISSIPPI											
Mississippi Baptist Hospital [+]	Jackson	Church	264	12,258	R	12	8	(183)	None	15	50
Mercy Hospital-Street Memorial [+]	Vicksburg	Church	125	3,996	R	12	4	No	Req	23	100
MISSOURI											
St. Louis County Hospital [+]	Clayton	County	216	3,565	R	12	6	No	Req	61	65
Kansas City General Hospital No. 1 [+]	Kansas City	City	550	10,134	R	12	30	No	Req	60	50
Kansas City General Hospital No. 2 [+]	Kansas City	City	267	3,672	R	12	12	No	Req	36	50
Menorah Hospital Medical Center [+]	Kansas City	NPAssn	160	6,707	R	12	8	No	Req	58	100
Research Hospital [+]	Kansas City	NPAssn	250	7,780	R	12	6	No	Req	51	100
St. Joseph Hospital [+]	Kansas City	Church	324	13,044	R	12	7	No	Req	66	100
St. Luke's Hospital [+]	Kansas City	Church	375	11,111	R	12	6	No	None	63	100
St. Mary's Hospital [+]	Kansas City	Church	300	7,841	R	12	8	(188)	None	55	100
Trinity Lutheran Hospital [1]	Kansas City	Church	145	5,678	R	12	4	(189)	None	47	100
Missouri Methodist Hospital [+]	St. Joseph	Church	300	7,466	R	12	4	No	Req	24	150
St. Joseph's Hospital [1]	St. Joseph	Church	148	5,732	R	12	2	No	Req	21	200
Barnes Hospital [+]-X43	St. Louis	NPAssn	602	17,194	S	12	20	(195)	Req	72	10
Christian Hospital	St. Louis	NPAssn	125	4,040	R	12	2	No	None	27	175
De Paul Hospital [+]	St. Louis	Church	274	9,068	R	12	9	No	Req	38	100
Evangelical Deaconess Hospital [1]	St. Louis	Church	257	10,390	R	12	8	No	Req	40	100
Homer G. Phillips Hospital [+1-3-X43-73]	St. Louis	City	694	14,403	R	12	30	(197)	Req	26	107.80
Jewish Hospital [+]	St. Louis	NPAssn	298	9,137	R	12	11	No	Req	43	75
Lutheran Hospital	St. Louis	Church	165	6,252	R	12	5	No	None	34	100
Missouri Baptist Hospital [+]	St. Louis	Church	450	12,288	R	12	8	No	None	31	75
St Anthony's Hospital [+]-x42	St. Louis	Church	250	7,987	R	12	7	(198)	Req	41	100
St. John's Hospital [+-x42]	St. Louis	Church	357	10,255	R	12	11	(199)	Req	47	50
St. Louis City Hospital [+1-3-X42-43]	St. Louis	City	1,059	16,860	R-S	12	56	No	Req	42	107.80
St. Luke's Hospital [+]	St. Louis	Church	184	5,368	R	12	6	No	Req	36	100
St. Mary's Group of Hospitals [+1-3-X42]	St. Louis	Church	733	16,703	R	12	26	No	Req	45	30

Abbreviations and other references will be found on pages 398 and 399.

V 14
1951

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Retiining Stipend (Month)
MONTANA											
St. James Hospital +.....	Butte.....	Church	160	5,386	R	12	3	No	Req	35	125
Montana Deaconess Hospital +[1].....	Great Falls.....	Church	200	6,577	R	12	4	No	None	85	50
NEBRASKA											
Bryan Memorial Hospital [1].....	Lincoln.....	Church	128	4,054	R	12	4	No	None	61	135
Lincoln General Hospital +[1].....	Lincoln.....	NPAssn	183	5,499	R	12	4	No	Req	61	100
St. Elizabeth Hospital +[1].....	Lincoln.....	Church	220	8,175	R	12	4	No	Req	44	100
Bishop Clarkson Memorial Hospital +[1]-X45.....	Omaha.....	Church	185	6,673	R	12	8	(184)	None	50	100
Creighton Memorial St. Joseph's Hospital +[1]-X44.....	Omaha.....	Church	450	13,428	R	12	13	(185)	None	40	50
Immanuel Deaconess Institute [1]-X45.....	Omaha.....	Church	121	4,796	R	12	4	(185)	None	50	100
Nebraska Methodist Hospital +[1]-X45.....	Omaha.....	Church	179	6,619	R	12	5	No	Req	59	50
St. Catherine's Hospital [1]-X44.....	Omaha.....	Church	165	6,401	R	12	6	(187)	None	47	50
University of Nebraska Hospital +[1].....	Omaha.....	State	237	3,653	R	12	12	(190)	None	91	75
NEW HAMPSHIRE											
Mary Hitchcock Memorial Hospital +[1]-X48.....	Hanover.....	NPAsen	207	6,060	R	12	12	No	Req	81	10
NEW JERSEY											
Atlantic City Hospital +[1].....	Atlantic City.....	NPAssn	253	8,422	R	12	8	(191)	Req	53	100
Bayonne Hospital and Dispensary +[1].....	Bayonne.....	NPAssn	220	6,444	R	12	5	No	Req	45	100
Cooper Hospital +[1]-x65-67.....	Camden.....	NPAssn	383	15,404	R	12	11	No	Req	51	50
West Jersey Hospital +[1]-x64.....	Camden.....	NPAssn	279	8,518	R-S	12	8	No	Req	48	100
East Orange General Hospital [1].....	East Orange.....	NPSssn	150	4,972	R	12	4	No	Req	22	75
Alexian Brothers Hospital.....	Elizabeth.....	Church	166	3,435	R	12	4	(192)	Req	31	100
Elizabeth General Hospital and Dispensary [1].....	Elizabeth.....	NPAssn	202	7,723	R	12	8	No	Req	30	100
St. Elizabeth Hospital [1].....	Elizabeth.....	Church	229	5,531	R	12	6	No	Req	37	100
Englewood Hospital +[1].....	Englewood.....	NPAssn	190	6,773	R	12	6	No	Req	31	50
Hackensack Hospital +[1].....	Hackensack.....	NPAssn	250	11,688	R	12	10	No	Req	26	144
St. Mary's Hospital [1].....	Hoboken.....	Church	370	6,698	R	24	13	No	Req	39	75
Christ Hospital [1].....	Jersey City.....	Church	322	6,633	R	12	12	No	Req	21	100
Jersey City Hospital +[1-3].....	Jersey City.....	City	1,600	25,309	RMS	12	60	(193)	Req	30	25
St. Francis Hospital.....	Jersey City.....	Church	216	4,377	R	12	6	No	None	37	75
Monmouth Memorial Hospital +[1-3].....	Long Branch.....	NPAssn	253	7,664	R	12	9	No	Req	38	100
Mountainside Hospital +[1-3].....	Montclair.....	NPAssn	305	8,406	R	12	8	No	Req	48	54.16
Morristown Memorial Hospital [1].....	Morristown.....	NPAssn	122	4,145	R	12	4	No	Req	40	110
Fitkin Memorial Hospital +[1].....	Neptune.....	NPAssn	234	7,397	R	12	6	No	Req	40	100
Hospital of St. Barnabas and for Women and Children +[1].....	Newark.....	Church	249	7,987	R	12	6	No	Req	47	50
Newark Beth Israel Hospital +[1-3].....	Newark.....	NPAssn	365	11,896	R	12	12	No	Req	43	25
Newark City Hospital +[1-3].....	Newark.....	City	740	13,133	R	12-24	18	No	Req	29	60
St. Michael's Hospital +.....	Newark.....	Church	405	12,456	R	12	7	No	Req	42	75
St. Peter's General Hospital +.....	New Brunswick.....	Church	188	7,012	R	12	5	No	Req	57	100
Orange Memorial Hospital +[1].....	Orange.....	NPAssn	390	9,569	R	12	8	No	Req	46	35
Passaic General Hospital +[1].....	Passaic.....	NPAssn	247	7,803	R	12	5	No	Req	40	75
St. Mary's Hospital [1].....	Passaic.....	Church	190	7,440	R	12	4	No	Req	27	60
Barnert Memorial Hospital [1].....	Paterson.....	NPAssn	121	4,710	R	12	5	No	Req	22	75
Paterson General Hospital +[1].....	Paterson.....	NPAssn	372	10,534	R	12	8	No	Req	36	50
St. Joseph Hospital +[1].....	Paterson.....	Church	365	9,526	R-S	12	10	No	Req	38	100
Muhlenberg Hospital +[1].....	Plainfield.....	NPAssn	270	10,253	R	12	8	No	Req	22	100
Overlook Hospital [1].....	Summit.....	NPAssn	145	4,644	R	12	4	No	Req	35	90
Holy Name Hospital [1].....	Teaneck.....	Church	185	8,144	R	12	6	No	Req	56	100
Mercer Hospital +[1].....	Trenton.....	NPAssn	246	8,075	R	12	6	No	Req	42	105
St. Francis Hospital +[1].....	Trenton.....	Church	300	8,431	R	12	8	No	Req	31	150
William McKinley Memorial Hospital [1].....	Trenton.....	NPAssn	149	4,820	R	12	4	No	Req	28	100
North Hudson Hospital [1].....	Weehawken.....	NPAssn	166	3,221	R	12	4	(194)	Req	30	100
NEW YORK											
Albany Hospital +[1-3]-X47.....	Albany.....	NPAssn	541	15,215	R-S	12-24-36	27	No	Req	58	25
Memorial Hospital [1].....	Albany.....	NPAssn	137	3,782	R	12	5	No	Req	51	125
St. Peter's Hospital +[1]-x47.....	Albany.....	Church	275	7,489	R	12	5	(196)	Req	19	75
Auburn City Hospital [1].....	Auburn.....	NPAssn	208	6,402	R	12	4	No	None	35	100
Binghamton City Hospital +[1-3].....	Binghamton.....	City	448	11,116	R	12	8	No	Req	57	116.50
Beth El Hospital +[1].....	Brooklyn.....	NPAssn	242	8,534	R-S	12	12	No	Req	72	50
Brooklyn Hospital +[1]-X53.....	Brooklyn.....	NPAssn	362	9,298	R	12	9	No	Req	40	20
Bushwick Hospital [1].....	Brooklyn.....	NPAssn	101	4,872	R	12	4	No	Req	33	125
Coney Island Hospital +[1-3].....	Brooklyn.....	City	286	8,648	R	12	21	No	Req	26	60
Cumberland Hospital +[1-3].....	Brooklyn.....	City	284	8,322	R-S	12	26	No	Req	25	50
Greenpoint Hospital +[1-3]-x53.....	Brooklyn.....	City	281	6,476	R	12	20	No	Req	30	50
Jewish Hospital +[1-3]-X53.....	Brooklyn.....	NPAssn	500	15,717	RMS	12	35	(200)	None	38	25
Kings County Hospital +[1-3]-X53.....	Brooklyn.....	City	2,500	61,205	RMS	12	152	No	Req	23	50
Long Island College Hospital +[1]-X53.....	Brooklyn.....	NPAssn	394	10,545	S	12	21	(201)	Req	31	....
Maimonides Hospital +[1]-X53.....	Brooklyn.....	NPAssn	366	10,101	R-S	12	28	No	Req	32	35
Methodist Hospital +[1]-x53.....	Brooklyn.....	Church	462	10,694	R-S	12-24	10	No	Req	44	15
Norwegian Lutheran Deaconesses' Home and Hosp. +[1].....	Brooklyn.....	Church	207	5,791	R-S	12	6	No	Req	67	50
St. Catherine's Hospital +[1].....	Brooklyn.....	Church	287	7,319	R-S	12	14	No	Req	31	35
St. John's Episcopal Hospital +[1].....	Brooklyn.....	Church	258	5,454	R-S	12	9	No	Req	29	70
St. Mary's Hospital +[1].....	Brooklyn.....	Church	237	6,038	R	12	10	No	Req	40	45
Unity Hospital +[1].....	Brooklyn.....	NPAssn	226	6,937	R	12	8	No	Req	25	100
Wyckoff Heights Hospital +[1].....	Brooklyn.....	NPAssn	167	6,006	R	12	4	No	Req	37	30
Allied Hospital of the Sisters of Charity +[1-3].....	Buffalo.....	Church	619	18,850	R	12	12	(203)	Req	32	125
Buffalo General Hospital +[1-3]-X48.....	Buffalo.....	NPAssn	448	11,210	R-S	12-24	23	(202)	Req	54	25
Deaconess Hospital +[1].....	Buffalo.....	NPAssn	277	9,939	R	12	6	No	Req	28	100
Edward J. Meyer Memorial Hospital +[1-3]-X48.....	Buffalo.....	County	858	10,353	R	12	17	No	Req	38	91.66
Mercy Hospital.....	Buffalo.....	Church	325	9,666	R	12	12	No	Req	24	125
Millard Fillmore Hospital +[1-3]-x48.....	Buffalo.....	NPAssn	473	17,238	R-S	12	12	No	Req	50	25
Mary Imogene Bassett Hospital +[1]-x47-X49.....	Cooperstown.....	NPAssn	90	2,628	R-S	12-24	6	No	Req	65	50
Arnot Ogden Memorial Hospital [1].....	Elmira.....	NPAssn	197	6,885	R	12	3	(205)	None	47	150
St. Joseph's Hospital [1].....	Elmira.....	Church	229	6,878	R	12	4	No	None	36	190
Flushing Hospital and Dispensary +[1-3].....	Flushing.....	NPAssn	282	11,673	R	12	9	No	Req	35	100
North Country Community Hospital [1].....	Glen Cove.....	NPAssn	105	4,024	R	12	4	No	Req	22	100
Glens Falls Hospital [1].....	Glens Falls.....	NPAssn	250	8,684	R	12	4	No	None	22	150
Meadowbrook Hospital +[1-3].....	Hempstead.....	County	250	7,669	R	12-24	24	No	Req	53	70
Jamaica Hospital +[1].....	Jamaica.....	NPAssn	185	6,559	R	12	8	No	Req	33	100
Mary Immaculate Hospital +[1-3].....	Jamaica.....	Church	295	8,850	R-S	12	9	No	Req	22	90
Queens General Hospital +[1-3]-X51.....	Jamaica.....	City	726	14,219	R-S	12-24	39	No	None	43	50
Charles S. Wilson Memorial Hospital +[1].....	Johnson City.....	NPAssn	450	9,696	R	12-24	9	No	Req	42	125
Our Lady of Victory Hospital.....	Lackawanna.....	Church	260	6,358	R	12-24	4	No	Req	20	150
St. John's Long Island City Hospital +[1-3].....	Long Island City.....	Church	230	5,743	R	12	14	No	Req	34	50

Abbreviations and other references will be found on pages 398 and 399.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
NEW YORK—Continued											
Nassau Hospital +	Mineola	NPAssn	227	9,972	R	12	4	No	Req	36	75
Northern Westchester Hospital [1]	Mount Kisco	NPAssn	137	4,138	R	12	4	No	Req	39	100
Mount Vernon Hospital +	Mount Vernon	NPAssn	218	8,080	R	12	6	No	Req	46	75
St. Luke's Hospital [1-3]	Newburgh	NPAssn	188	5,884	R	12	4	No	Req	25	100
New Rochelle Hospital +	New Rochelle	NPAssn	298	9,094	R	12	8	(206)	Req	60	100
Bellevue Hospitals X49-50-52											
Division I—Columbia University [1-3]	New York City	City	...	...	M-S	12	8	No	Req	41	50
Division II—Cornell University [1-3]	New York City	City	...	...	M-S	12	12	No	Req	41	50
Division III—New York University [1-3]	New York City	City	...	...	M-S	12	60	(207)	Req	41	50
Division IV—New York University [1-3]	New York City	City	...	...	S	12	14	(208)	Req	41	50
Beth David Hospital + X51	New York City	NPAssn	167	4,809	R	12	12	No	None	30	50
Beth Israel Hospital [1-3] X52	New York City	NPAssn	382	9,855	R	12	14	No	Req	65	25
Bronx Hospital [1-3]	New York City	NPAssn	329	9,811	R-S	12	16	No	Req	42	35
Columbus Hospital	New York City	Church	260	5,633	R	12	12	No	Req	33	75
Flower and Fifth Avenue Hospitals [1-3] X51	New York City	NPAssn	360	10,520	S	12	13	No	Req	40	...
Fordham Hospital [1-3]	New York City	City	414	9,803	R	12	24	No	Req	29	50
French Hospital [1]	New York City	NPAssn	251	6,665	R	12	9	(209)	Req	34	50
Goldwater Memorial Hospital [1-3] X49-52	New York City	City	1,500	1,709	M	12	6	No	Req	30	50
Gouverneur Hospital [1-3]	New York City	City	177	3,197	R	12	6	No	None	16	...
Harlem Hospital [1-3]	New York City	City	789	23,926	R	12	52	No	None	25	50
Hospital for Joint Diseases [1-3]	New York City	NPAssn	362	5,724	R-S	12	12	(210)	Req	50	25
Jewish Memorial Hospital [1-3]	New York City	NPAssn	190	5,667	R	12	12	No	Req	31	50
Knickerbocker Hospital [1]	New York City	NPAssn	192	4,633	R	12	6	No	Req	31	100
Lebanon Hospital [1]	New York City	NPAssn	215	6,634	R	12	8	No	None	37	50
Lenox Hill Hospital [1-3] X52	New York City	NPAssn	530	12,906	R	24	24	No	Req	35	...
Lincoln Hospital [1-3]	New York City	City	391	13,529	R	12	15	No	Req	28	50
Metropolitan Hospital [1-3] X51	New York City	City	1,060	13,953	R	12	38	No	Req	25	50
Misericordia Hospital +	New York City	Church	181	4,779	R	12	7	No	Req	25	50
Montefiore Hospital for Chronic Diseases [1-3] X49	New York City	NPAssn	627	4,227	M-S	12	14	No	None	48	30
Morrisania City Hospital [1-3] X51	New York City	City	466	11,846	R	12	29	No	Req	26	50
Mother Cabrini Memorial Hospital [1]	New York City	Church	170	3,753	R	12	6	No	Req	25	75
Mount Sinai Hospital [1-3] X49	New York City	NPAssn	785	15,565	R	12	24	No	None	47	25
New York City Hospital [1-3] X51	New York City	City	837	13,360	R-S	12	30	No	Req	32	50
New York Hospital [1-3] X50	New York City	NPAssn	1,081	22,152	S	12	36	No	Req	68	...
New York Infirmary [1-3]	New York City	NPAssn	121	3,618	R	12	5	No	Req	54	30
New York Polyclinic Medical School and Hospital [1]	New York City	NPAssn	374	9,556	R	12	8	No	Req	43	50
Presbyterian Hospital [1-3] X49	New York City	NPAssn	1,377	31,429	S	12	40	No	Req	57	167
Roosevelt Hospital [1-3] X49	New York City	NPAssn	415	8,782	M	12-24	12	No	Req	49	...
St. Clare's Hospital [1]	New York City	Church	436	11,694	R	12	9	No	Req	57	10
St. Francis Hospital [1]	New York City	Church	402	9,661	R	12	8	No	None	25	50
St. Luke's Hospital [1-3] X49	New York City	NPAssn	545	10,434	M	12	9	No	Req	58	...
St. Vincent's Hospital [1] X52	New York City	Church	575	12,057	R-S	12	20	No	Req	58	...
Sydenham Hospital [1-3]	New York City	NPAssn	221	5,520	R	12	12	No	Req	36	50
University Hospital [1-3] X52	New York City	NPAssn	395	9,535	S	12	4	(211)	Req	35	50
Mount St. Mary's Hospital [1]	Niagara Falls	Church	200	5,911	R	12	2	No	None	44	150
United Hospital [1]	Port Chester	NPAssn	188	6,295	R	12	6	No	Req	37	100
St. Francis Hospital	Poughkeepsie	Church	107	3,565	R	12	4	No	Req	42	200
Vassar Brothers Hospital +	Poughkeepsie	NPAssn	207	7,541	R	12	4	(206)	Req	31	75
Genesee Hospital [1] X54	Rochester	NPAssn	222	8,401	R-S	12	8	No	Req	65	15
Highland Hospital [1] X54	Rochester	NPAssn	200	7,171	R	12	9	No	Req	59	75
Rochester General Hospital [1] X54	Rochester	NPAssn	326	12,611	R	12	21	(212)	Req	67	40
St. Mary's Hospital [1] X56	Rochester	Church	335	12,688	R	12	6	No	Req	42	75
Strong Memorial-Rochester Municipal Hospitals [1-3] X54	Rochester	NPAssn	634	16,332	R-S	12-24	35	(213)	Req	71	15
Ellis Hospital [1] X47	Schenectady	NPAssn	371	13,545	R	12	10	No	Req	54	60
St. Clare's Hospital [1]	Schenectady	Church	199	5,300	R	12	5	No	None	22	150
St. Vincent's Hospital +	Staten Island	Church	247	7,849	R	12	8	No	Req	31	100
Staten Island Hospital [1]	Staten Island	NPAssn	223	6,460	R-M	24	5	No	Req	40	100
Crouse Irving Hospital [1] X55	Syracuse	NPAssn	210	7,548	R	12	4	No	None	36	100
General Hospital [1] X55	Syracuse	NPAssn	129	5,494	M	12	4	No	Req	27	100
St. Joseph's Hospital [1] X55	Syracuse	Church	202	7,720	R	12	6	No	Req	36	100
State University Medical Center Hospital of the Good Shepherd [1] X55	Syracuse	NPAssn	196	4,921	R	12	10	(215)	None	47	...
Syracuse Memorial Hospital [1] X55	Syracuse	NPAssn	283	9,345	R	12	7	(215)	Req	47	100
St. Mary's Hospital [1]	Troy	Church	241	6,857	R	12	5	No	Req	23	100
Samaritan Hospital [1]	Troy	NPAssn	162	5,412	R	12	4	No	Req	33	125
Grasslands Hospital [1-3]	Valhalla	County	800	4,458	R	12	20	No	Req	60	25
St. Agnes Hospital	White Plains	Church	138	4,004	R	12	4	No	Req	25	100
White Plains Hospital [1]	White Plains	NPAssn	200	6,258	R	12	3	No	Req	60	50
St. John's Riverside Hospital [1]	Yonkers	NPAssn	213	7,614	R	12	6	No	Req	29	100
St. Joseph's Hospital [1]	Yonkers	Church	195	6,641	R	12	5	No	Req	35	100
Yonkers General Hospital [1]	Yonkers	NPAssn	143	5,378	R	12	4	No	Req	28	100
NORTH CAROLINA											
Charlotte Memorial Hospital [1]	Charlotte	NPAssn	343	10,608	R	12	7	No	Req	64	50
Mercy Hospital [1]	Charlotte	Church	244	10,788	R	12	5	No	Req	32	50
Duke Hospital [1-3] X57	Durham	NPAssn	524	15,634	R-S	12	43	No	Req	60	...
Lincoln Hospital [1]	Durham	NPAssn	90	2,989	R	12	4	No	Req	23	50
Watts Hospital [1] X56	Durham	NPAssn	200	10,528	RMS	12	11	No	Req	38	75
Rex Hospital [1] X56	Raleigh	NPAssn	312	11,653	R	12	8	No	Req	26	100
St. Agnes Hospital [1] X73	Raleigh	Church	120	2,584	R	12	4	No	Req	11	175
James Walker Memorial Hospital [1]	Wilmington	NPAssn	300	9,624	R	12	6	No	Req	28	100
City Memorial Hospital [1]	Winston-Salem	City	184	7,564	R	12	12	No	Req	34	100
Kate Bitting Reynolds Memorial Hospital [1]	Winston-Salem	City	200	5,249	R	12	6	No	Req	26	100
North Carolina Baptist Hospital [1-3] X58	Winston-Salem	Church	250	8,466	S	12	12	No	Req	56	...
NORTH DAKOTA											
St. John's Hospital [1]	Fargo	Church	173	6,550	R	12	5	No	None	38	75
St. Luke's Hospital +	Fargo	Church	...	...	R	...	4	...	...	...	...
Grand Forks Deaconess Hospital [1]	Grand Forks	NPAssn	120	7,848	R	12	5	No	Req	48	130
OHIO											
City Hospital [1]	Akron	NPAssn	410	16,033	R	12	15	(216)	None	39	100
Peoples Hospital [1]	Akron	NPAssn	210	10,098	R	12	4	(216)	Req	48	50
St. Thomas Hospital +	Akron	Church	205	8,973	R	12	4	No	Req	38	85
Aultman Hospital [1]	Canton	NPAssn	301	10,538	R	12	7	No	Req	64	100
Mercy Hospital [1]	Canton	Church	240	10,462	R	12	6	No	Req	34	100
Bethesda Hospital [1]	Cincinnati	Church	218	9,022	R	12	7	(217)	Req	42	100
Christ Hospital [1]	Cincinnati	Church	374	11,344	R	12	13	(217)	Req	39	100

Abbreviations and other references will be found on pages 398 and 399.

V 14
1951

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
OHIO—Continued											
Cincinnati General Hospital [1-3-X59]	Cincinnati	City	865	15,219	R-M	12	52	(218)	Req	58	15
Deaconess Hospital [1]	Cincinnati	Church	168	6,144	R	12	5	(219)	Req	26	100
Good Samaritan Hospital [1]	Cincinnati	Church	556	17,165	R	12	16	No	Req	37	130
Jewish Hospital [1]	Cincinnati	NPAssn	265	10,614	R	12	13	(219)	Req	57	50
St. Mary's Hospital [1]	Cincinnati	Church	190	5,379	R-S	12	5	No	Req	28	100
City Hospital [1-3-X60]	Cleveland	City	1,040	10,999	R	12	24	No	Req	46	47
Fairview Park Hospital [1]	Cleveland	Church	150	7,571	R	12	5	No	Req	39	75
Glenville Hospital [1]	Cleveland	NPAssn	120	4,458	M	12	4	No	Req	38	85
Lutheran Hospital [1]	Cleveland	Church	194	6,424	R	12	6	No	None	52	75
Mount Sinai Hospital [1-3-x80]	Cleveland	NPAssn	302	11,305	R-S	24	15	No	Req	56	50
St. Alexis Hospital [1]	Cleveland	Church	234	9,343	R-S	12	6	No	Req	37	75
St. John's Hospital [1]	Cleveland	Church	236	9,015	R	12	7	No	Req	31	75
St. Luke's Hospital [1-3]	Cleveland	Church	388	15,473	R	12	22	No	Req	44	75
St. Vincent Charity Hospital [1-x80]	Cleveland	Church	289	7,574	R	12	12	(220)	Req	35	50
University Hospitals [1-3-X60]	Cleveland	NPAssn	792	22,691	S	12-24	20	No	Req	52	...
Doctors Hospital [1]	Cleveland Heights	NPAssn	185	6,681	R	12	8	No	None	35	100
Grant Hospital [1]	Columbus	NPAssn	285	10,552	R	12	8	No	None	39	200
Mount Carmel Hospital [1]	Columbus	Church	280	10,917	R	12	6	(222)	Req	45	75
Ohio State University Hospital [1-3-X61]	Columbus	State	275	9,193	R-S	12-24	48	(223)	None	81	9
White Cross Hospital [1]	Columbus	Church	379	12,264	R	12	7	No	None	38	50
Good Samaritan Hospital [1]	Dayton	Church	315	19,374	R	12	6	No	None	35	50
Miami Valley Hospital [1-3]	Dayton	NPAssn	424	16,967	R	12-24	16	No	Req	41	50
St. Elizabeth Hospital [1]	Dayton	Church	325	12,521	R	12-24	6	No	Req	34	125
Huron Road Hospital [1]	East Cleveland	NPAssn	284	10,422	R	12	10	No	Req	43	100
Marymount Hospital [1]	Garfield Heights	Church	150	5,960	R	12	6	No	None	39	100
Mercy Hospital [1]	Hamilton	Church	300	9,149	R	12	4	No	Req	36	150
Lakewood Hospital [1]	Lakewood	City	300	5,537	R	12	4	No	Req	39	75
Lima Memorial Hospital [1]	Lima	NPAssn	236	7,753	R	12	5	No	Req	24	75
St. Rita's Hospital [1]	Lima	Church	300	11,583	R	12	6	(224)	Req	45	150
Springfield City Hospital [1]	Springfield	City	250	7,057	R	12	7	No	Req	59	125
Flower Hospital [1]	Toledo	Church	170	7,931	R	12	4	(225)	Req	38	150
Maumee Valley Hospital [1]	Toledo	County	292	4,299	R	12	6	No	Req	44	100
Mercy Hospital [1]	Toledo	Church	284	12,212	R	12	7	No	Req	45	100
Riverside Hospital [1]	Toledo	NPAssn	199	5,993	R	12	4	No	Req	42	150
St. Vincent's Hospital [1]	Toledo	Church	525	12,897	R	12	10	No	Req	40	200
Toledo Hospital [1]	Toledo	NPAssn	266	10,346	R	12	7	No	Req	58	100
St. Elizabeth Hospital [1]	Youngstown	Church	330	13,543	R	12	7	No	Req	35	100
Youngstown Hospital [1-3]	Youngstown	NPAssn	635	20,988	R	12	18	No	Req	51	100
OKLAHOMA											
Mercy Hospital [1]	Oklahoma City	Church	146	6,961	R	12	6	(226)	None	37	...
St. Anthony Hospital [1-x82]	Oklahoma City	Church	375	13,606	R	12	9	No	Req	36	75
University Hospitals [1-3-X82]	Oklahoma City	State	459	7,755	R	12-24	24	No	Req	47	...
Wesley Hospital [1]	Oklahoma City	Part	188	9,081	R	12	8	No	Req	67	75
Hillcrest Memorial Hospital [1]	Tulsa	NPAssn	258	11,248	R	12	10	No	Req	45	50
St. John's Hospital [1]	Tulsa	Church	430	17,305	R	12	12	No	None	39	100
OREGON											
Sacred Heart General Hospital [1]	Eugene	Church	180	10,110	R	12	5	No	Req	60	100
Emanuel Hospital [1]	Portland	Church	350	13,941	R	12	11	(228)	Req	50	60
Good Samaritan Hospital [1-x83]	Portland	Church	412	12,995	R	12	10	No	None	68	120
Portland Sanitarium and Hospital [1]	Portland	Church	162	7,339	R	12	7	No	None	45	113
Providence Hospital [1]	Portland	Church	280	9,415	R	12	12	(229)	None	58	50
St. Vincent's Hospital [1-x83]	Portland	Church	367	11,337	R	12	10	(230)	Req	53	50
University of Oregon Medical School Hospitals and Clinics [1-3-X83]	Portland	State	453	7,357	R	12	18	No	Req	74	50
PENNSYLVANIA											
Abington Memorial Hospital [1-3]	Abington	NPAssn	300	8,168	R	12	10	No	Req	56	...
Allentown Hospital [1]	Allentown	NPAssn	434	13,020	R	12	10	No	Req	58	75
Sacred Heart Hospital [1]	Allentown	Church	390	8,325	R	12	7	No	Req	36	75
Altoona Hospital [1]	Altoona	NPAssn	220	6,918	R	12	6	No	Req	28	200
Mercy Hospital [1]	Altoona	NPAssn	176	5,789	R	12	4	No	Req	31	110
St. Luke's Hospital [1-3]	Bethlehem	NPAssn	352	10,773	R	12	8	No	Req	58	75
Bryn Mawr Hospital [1-3]	Bryn Mawr	NPAssn	285	8,096	R	12	10	No	Req	56	...
Chester Hospital [1-3]	Chester	NPAssn	294	7,688	R	12	6	No	None	35	90
George F. Geisinger Memorial Hospital and Clinic [1-3]	Danville	NPAssn	205	8,967	R	12	10	No	Req	55	20
Fitzgerald-Mercy Hospital [1]	Darby	Church	202	7,252	R	12	8	No	Req	50	100
Easton Hospital [1]	Easton	NPAssn	197	6,381	R	12	5	No	Req	42	100
Hamot Hospital [1]	Erie	NPAssn	289	10,089	R	12	8	No	Req	44	100
St. Vincent's Hospital [1]	Erie	NPAssn	299	11,233	R	12	8	No	Req	40	100
Westmoreland Hospital [1]	Greensburg	NPAssn	190	7,286	R	12	4	No	Req	25	100
Harrisburg Hospital [1-X84]	Harrisburg	NPAssn	312	11,077	R	12	12	No	Req	48	100
Harrisburg Polyclinic Hospital [1]	Harrisburg	NPAssn	273	8,466	R	12	12	No	Req	36	150
Conemaugh Valley Memorial Hospital [1]	Johnstown	NPAssn	346	10,935	R	12	10	No	Req	26	100
Nesbitt Memorial Hospital [1]	Kingston	NPAssn	200	6,581	R	12	3	No	Req	28	200
Lancaster General Hospital [1]	Lancaster	NPAssn	293	9,532	R	12	8	No	Req	45	100
St. Joseph's Hospital [1]	Lancaster	Church	232	6,623	R	12	6	No	Req	55	175
McKeesport Hospital [1]	McKeesport	NPAssn	275	8,235	R	12	10	No	Req	31	175
Montgomery Hospital [1]	Norristown	NPAssn	187	6,521	R	12	6	No	Req	32	100
Sacred Heart Hospital [1]	Norristown	Church	105	3,595	R	12	4	No	Req	41	100
Episcopal Hospital [1-3-x65-67-X86]	Philadelphia	Church	495	8,019	R	12	11	No	Req	44	25
Frankford Hospital [1]	Philadelphia	NPAssn	141	5,805	R	12	7	No	Req	62	150
Germantown Dispensary and Hospital [1-3-x55]	Philadelphia	NPAssn	328	8,253	R	12	12	No	Req	48	25
Graduate Hospital of the University of Pennsylvania [1-3]	Philadelphia	NPAssn	352	7,981	R	12	12	(231)	Req	65	...
Hahnemann Hospital [1-X84]	Philadelphia	NPAssn	577	14,488	R	12	24	No	Req	58	...
Hospital of the University of Pennsylvania [1-3-X87]	Philadelphia	NPAssn	710	20,680	R	12	26	No	None	77	...
Hospital of the Woman's Medical College [1-X88]	Philadelphia	NPAssn	173	6,262	R	12	6	No	Req	53	10
Jefferson Medical College Hospital [1-X85]	Philadelphia	NPAssn	696	18,355	R	12	29	No	Req	68	...
Jewish Hospital [1-3-x84-X86]	Philadelphia	NPAssn	437	11,490	R	12	18	(232)	Req	48	25
Lankenau Hospital [1-x85]	Philadelphia	NPAssn	260	7,001	R	12	10	(233)	Req	57	...
Memorial Hospital [1]	Philadelphia	NPAssn	116	3,605	R	12	4	No	Req	36	150
Mercy-Douglass Hospital [1]	Philadelphia	NPAssn	101	3,138	R	12	4	No	Req	52	100
Methodist Episcopal Hospital [1-x85]	Philadelphia	Church	235	5,019	R	12	7	No	Req	52	100
Misericordia Hospital [1-x88]	Philadelphia	Church	220	7,166	R	12	10	No	Req	37	100
Mount Sinai Hospital [1-3-X84-x85]	Philadelphia	NPAssn	259	7,905	R	12	12	No	Req	71	25

Abbreviations and other references will be found on pages 398 and 399.

Name of Hospital	Location	Control	Total Beds	Number Patients Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
PENNSYLVANIA—Continued											
Nazareth Hospital [+]	Philadelphia	Church	150	6,759	R	12	4	No	Req	42	150
Pennsylvania Hospital [+] [1-3]-X65-67	Philadelphia	NPAssn	430	10 442	R	12	18	(234)	Req	81	...
Philadelphia General Hospital [+] [1-3]-X65-66-67-68	Philadelphia	City	2,500	19,867	R	12-24	112	(235)	Req	58	50
Presbyterian Hospital [+] [1]-x67	Philadelphia	Church	340	7,377	R	12	10	No	Req	67	...
St. Agnes Hospital [1]-x64-65	Philadelphia	Church	250	7,860	R	12	7	No	Req	24	175
St. Joseph's Hospital [+] [1]-x65	Philadelphia	Church	200	5,909	R	12	6	No	Req	43	150
St. Luke's and Children's Medical Center [+] [1]-x64-65	Philadelphia	NPAssn	281	6,692	R	12	9	No	Req	34	75
St. Mary's Hospital [+]	Philadelphia	Church	230	6,610	R	12	6	No	Req	38	200
Temple University Hospital [+] [1]-X66	Philadelphia	NPAssn	543	15,129	R	12	10	(236)	Req	51	25
Woman's Hospital [+] [1]-X68	Philadelphia	NPAssn	137	4,485	R	12	6	No	Req	49	50
Allegheny General Hospital [+] [1]-X69	Pittsburgh	NPAssn	554	12,583	R	12	16	No	Req	24	100
Mercy Hospital [+] [1]-X69	Pittsburgh	Church	654	14,745	R	12	24	(237)	Req	27	50
Montefiore Hospital [+] [1]	Pittsburgh	NPAssn	221	7,712	R	12	10	No	Req	55	25
Pittsburgh Hospital [+] [1]	Pittsburgh	NPAssn	225	6,588	R	12	6	No	Req	25	100
Presbyterian Hospital [+] [1]-X69	Pittsburgh	NPAssn	350	7,977	R	12	20	(238)	Req	33	25
St. Francis Hospital [+] [1]-X69	Pittsburgh	NPAssn	690	15,109	R	12	15	(239)	Req	30	150
St. John's General Hospital [1]	Pittsburgh	NPAssn	197	7,198	R	12	5	No	Req	16	250
St. Joseph's Hospital and Dispensary	Pittsburgh	Church	170	5,012	R	12	5	No	Req	47	100
St Margaret Memorial Hospital [+]	Pittsburgh	Church	121	3,257	R	12	4	No	Req	40	150
Shadyside Hospital [1]	Pittsburgh	NPAssn	301	8,369	R	12	8	No	Req	14	200
South Side Hospital [+]	Pittsburgh	NPAssn	207	5,870	R	12	8	No	Req	42	100
Western Pennsylvania Hospital [+] [1-3]	Pittsburgh	NPAssn	542	13,636	R	12	18	No	Req	25	100
Community General Hospital [1]	Reading	NPAssn	123	4,032	R	12	4	No	Req	46	150
Reading Hospital [+] [1-3]	Reading	NPAssn	389	10,811	R	12	10	No	Req	65	100
St. Joseph's Hospital [+]	Reading	Church	206	6,873	R	12	6	No	Req	60	200
Rochester General Hospital [1]	Rochester	NPAssn	135	4,873	R	12	2	No	Req	41	50
Robert Packer Hospital [+]	Sayre	NPAssn	304	10,507	R	12	10	No	Req	64	30
Moses Taylor Hospital [1]	Scranton	NPAssn	120	2,543	R	12	3	(240)	Req	19	175
Scranton State Hospital [+]	Scranton	State	290	6,405	R	12	8	No	Req	26	128.50
Sewickley Valley Hospital [1]	Sewickley	NPAssn	134	5,754	R	12	6	No	Req	28	200
Uniontown Hospital [1]	Uniontown	NPAssn	270	9,210	R	12	5	No	Req	41	200
Washington Hospital [+]	Washington	NPAssn	201	6,347	R	12	5	No	Req	27	150
Mercy Hospital [+]	Wilkes-Barre	Church	194	5,480	R	12	6	No	Req	24	100
Wilkes-Barre General Hospital [+]	Wilkes-Barre	NPAssn	362	9,686	R	12	10	No	Req	27	50
Columbia Hospital [+]	Wilkinsburg	Church	189	5,903	R	12	5	No	Req	21	150
Williamsport Hospital [+] [1-3]	Williamsport	NPAssn	289	8,848	R	12	7	No	Req	36	125
York Hospital [+]	York	NPAssn	238	8,293	R	12	8	No	Req	34	100
RHODE ISLAND											
Newport Hospital	Newport	NPAssn	189	4,383	M	12	2	No	Req	23	100
Memorial Hospital [1]	Pawtucket	NPAssn	172	7,513	R	12	6	No	Req	35	50
Rhode Island Hospital [+] [1-3]	Providence	NPAssn	569	15,691	R	24	12	(241)	Req	59	...
Roger Williams General Hospital [+]	Providence	NPAssn	162	6,377	R	12	5	No	Req	31	100
St. Joseph's Hospital	Providence	Church	310	8,047	R	12	10	(242)	Req	45	100
SOUTH CAROLINA											
Roper Hospital [+] X70	Charleston	NPAssn	450	13,405	R	12	15	No	Req	50	50
Columbia Hospital [+]	Columbia	County	442	12,086	R	12	14	No	Req	36	100
McLeod Infirmary [1]	Florence	NPAssn	200	7,507	R	12	5	(243)	Req	28	100
Greenville General Hospital [+]	Greenville	CyCo	325	12,678	R	12	15	No	Req	17	100
Orangeburg Regional Hospital [+]	Orangeburg	City	203	5,046	R	12	4	No	Req	22	100
Spartanburg General Hospital [+]	Spartanburg	County	293	12,434	R	12	10	No	Req	20	100
SOUTH DAKOTA											
McKennan Hospital [1]-x71	Sioux Falls	Church	164	7,495	R	12	4	No	None	55	50
Sioux Valley Hospital [1]-x71	Sioux Falls	NPAssn	190	7,734	R	12	6	No	Req	34	100
Sacred Heart Hospital [1]-X71	Yankton	Church	230	5,686	R	12	7	No	Req	39	150
TENNESSEE											
Baroness Erlanger Hospital [+] [1-3]	Chattanooga	CyCo	449	16,379	RM	12	16	(244)	Req	28	60
East Tennessee Baptist Hospital [1]	Knoxville	Church	216	8,964	R	12	4	No	None	38	125
Fort Sanders Hospital [1]	Knoxville	NPAssn	200	7,432	R	12	6	(245)	Req	29	200
Knoxville General Hospital [+]	Knoxville	City	285	9,301	R	12	10	No	Req	44	75
St. Mary's Memorial Hospital [1]	Knoxville	Church	250	7,462	R	12	8	No	None	36	200
Baptist Memorial Hospital [+]	Memphis	Church	500	20,824	R	12	24	No	Req	34	50
John Gaston Hospital [+] [1-3]-X72-x75	Memphis	City	534	22,503	R-S	12	32	(246)	Req	61	35
Methodist Hospital [+]	Memphis	Church	266	13,424	R	12	8	(247)	None	29	50
St. Joseph Hospital [+]	Memphis	Church	280	11,216	R	12	8	No	Req	33	75
George W. Hubbard Hospital of Meharry Medical College [+] [1-3]-X73	Nashville	NPAssn	200	4,878	R	12	8	No	None	47	35
Mid-State Baptist Hospital [+]	Nashville	NPAssn	115	5,674	R	12	4	No	Req	28	125
Nashville General Hospital [+]	Nashville	City	221	6,007	R-S	12	11	No	Req	31	75
St. Thomas Hospital [+]	Nashville	Church	235	10,199	S	12	7	(248)	None	37	100
Vanderbilt University Hospital [+] [1]-X74	Nashville	NPAssn	352	10,688	S	12	21	(249)	Req	52	...
TEXAS											
Brackenridge Hospital [+]	Austin	City	237	6,925	R	12	8	No	Req	27	80
Memorial Hospital [1]	Corpus Christi	CyCo	148	7,519	R	12	5	No	Req	28	100
Baylor University Hospital [+] [1]-X75	Dallas	Church	745	18,533	R-S	12	36	No	Req	33	37.50
Methodist Hospital [+] [1]-x75	Dallas	Church	208	11,352	R-S	12	5	No	Req	26	75
Parkland Hospital [+] [1-3]-X75	Dallas	CyCo	357	8,879	M-S	12	16	No	Req	48	10
St. Paul's Hospital [+] [1]-X75	Dallas	Church	350	13,521	R-S	12	11	No	Req	33	50
El Paso General Hospital	El Paso	CyCo	200	3,199	R	12	5	No	Req	35	100
City County Hospital [+]	Fort Worth	CyCo	168	4,984	R	12	7	No	Req	33	50
Harris Hospital [+]	Fort Worth	Church	308	14,111	R	12	11	No	Req	39	100
St. Joseph's Hospital [+]	Fort Worth	Church	311	13,704	R	12	8	No	Req	15	150
University of Texas Medical Branch Hospitals [+] [1-3]-X76	Galveston	State	692	10,576	R	12	18	No	Req	77	25
Hermann Hospital [+] [1]-X77	Houston	NPAssn	625	19,265	R	12	11	No	Req	45	50
Jefferson Davis Hospital [+] [1-3]-X77	Houston	CyCo	441	13,611	R	12	24	No	Req	50	25
Methodist Hospital [+] [1]-x77	Houston	Church	135	5,331	R	12	8	No	Req	63	50
St. Joseph's Infirmary [+] x76-77	Houston	Church	434	21,752	R	12	10	No	Req	47	75
Baptist Memorial Hospital [+]	San Antonio	Church	235	12,684	R	12	9	No	Req	38	75
Robert B. Green Memorial Hospital [+]	San Antonio	CyCo	170	3,672	R	12	12	No	Req	43	100
Santa Rosa Hospital [+]	San Antonio	Church	325	13,462	R	12	13	No	Req	23	100
Kings Daughters Hospital [+]	Temple	NPAssn	110	2,759	R	12	4	No	Req	51	150
Scott and White Memorial Hospital [+]	Temple	NPAssn	236	7,454	R	12	8	(252)	Req	34	100
Wichita Falls Clinic Hospital [+]	Wichita Falls	Part	102	5,360	R	12	3	No	Req	33	150

Abbreviations and other references will be found on pages 398 and 399.

V 14
1951

Name of Hospital	Location	Control	Total Beds	Number Residents Admitted	Type of Internship	Length of Program (Months)	Number of Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Beginning Stipend (Month)
UTAH											
St. Benedict's Hospital	Ogden	Church	170	5,367	R	12	4	No	Req	52	75
Thomas D. Dee Memorial Hospital +1-x78	Ogden	Church	281	8,558	R	12	12	(253)	Req	58	100
Dr. W. H. Groves Latter-Day Saints Hospital +1-x78	Salt Lake City	Church	352	15,998	R	12	11	No	Req	41	100
Holy Cross Hospital +1	Salt Lake City	Church	187	8,269	R	12	4	No	Req	45	50
St. Mark's Hospital +1	Salt Lake City	Church	214	8,032	R	12	6	No	Req	28	50
Salt Lake County General Hospital +1-X78	Salt Lake City	County	248	4,114	RMS	12	17	No	Req	66	25
VERMONT											
Bishop De Goesbriand Hospital +1-3-X79	Burlington	Church	200	5,028	R	12	6	No	Req	52	100
Mary Fletcher Hospital +1-3-X79	Burlington	NPAssn	193	5,555	R	12	10	No	Req	65	50
VIRGINIA											
Alexandria Hospital +1	Alexandria	NPAssn	170	6,732	R	12	4	No	Req	45	75
University of Virginia Hospital +1	Charlottesville	State	490	13,533	R-S	12	30	(255)	Req	53	25
Lynchburg General Hospital 1	Lynchburg	City	140	5,849	R	12	4	No	Req	31	50
Riverside Hospital +1	Newport News	NPAssn	155	6,104	R	12	5	No	Req	45	125
De Paul Hospital +1	Norfolk	Church	259	8,856	R	12	6	No	None	60	100
Norfolk General Hospital +1	Norfolk	NPAssn	340	9,386	R	12	7	No	Req	40	100
Johnston-Willis Hospital +1	Richmond	Corp.	225	8,208	R	12	5	No	Req	50	150
Medical College of Virginia Hospital Division +1-3-X80 (Memorial, Dooley and St. Philip Hospitals)	Richmond	State	837	20,622	R	12-24	36	(266)	Req	42	...
Stuart Circle Hospital 1	Richmond	Corp	114	4,735	R	12	4	No	Req	47	150
Jefferson Hospital +1	Roanoke	Corp	150	5,707	R	12	3	No	Req	34	150
Lewis Gale Hospital +1	Roanoke	Corp	180	6,667	R	12	4	No	Req	50	75
Memorial and Crippled Children's Hospital 1	Roanoke	NPAssn	130	5,548	R	12	4	No	None	30	100
Winchester Memorial Hospital 1	Winchester	NPAssn	200	6,554	R	12	4	No	Req	43	100
WASHINGTON											
Columbus Hospital 1	Seattle	Church	175	4,387	R	12	4	(257)	None	37	75
Doctors Hospital +	Seattle	NPAssn	200	8,911	R	12	4	No	None	67	75
King County Hospital Unit No 1 (Harborview) +1-3-X81	Seattle	County	560	10,604	R-S	12	24	No	Req	67	70
Providence Hospital +1	Seattle	Church	350	12,381	R	12	8	(258)	Req	58	75
Seattle General Hospital 1	Seattle	NPAssn	124	5,006	R	12	4	(259)	Req	30	75
Swedish Hospital +1	Seattle	NPAssn	330	13,923	R	12	16	(259)	Req	54	50
Virginia Mason Hospital +1	Seattle	NPAssn	207	9,585	R	12	8	(259)	None	73	50
Deaconess Hospital +1	Spokane	Church	213	9,500	R	12	6	No	None	50	100
Sacred Heart Hospital +1	Spokane	Church	500	17,023	R	12	12	No	Req	34	100
St. Luke's Hospital +1	Spokane	NPAssn	265	8,291	R	18	6	(261)	None	57	100
Pierce County Hospital 1	Tacoma	County	226	4,416	R	12	10	No	Req	57	100
St. Joseph's Hospital +1	Tacoma	Church	285	12,426	R	12	4	No	Req	60	100
Tacoma General Hospital +1	Tacoma	NPAssn	213	11,448	R	12	5	No	None	34	125
WEST VIRGINIA											
Bluefield Sanitarium	Bluefield	Corp	180	8,122	R	12	4	No	Req	25	100
Charleston General Hospital +1	Charleston	NPAssn	240	8,663	R	12	9	No	Req	62	125
Kanawha Valley Hospital +1	Charleston	Corp	146	4,997	R	12	2	No	Req	32	130
St. Mary's Hospital +1	Huntington	Church	300	13,445	R	12	6	No	Req	41	100
Camden Clark Memorial Hospital 1	Parkersburg	City	160	5,820	R	12	4	No	None	28	150
St. Joseph's Hospital +1	Parkersburg	Church	170	6,997	R	12	3	No	None	34	100
Ohio Valley General Hospital +1	Wheeling	NPAssn	330	10,174	R	12	8	No	Req	14	100
Wheeling Hospital 1	Wheeling	Church	250	9,564	R	12	4	No	Req	26	100
WISCONSIN											
Luther Hospital 1-x82	Eau Claire	NPAssn	179	7,172	R	12	4	No	None	37	50
St. Agnes Hospital	Fond du Lac	Church	300	9,341	R	12	2	No	None	30	125
Mercy Hospital 1-x82	Janesville	Church	200	4,335	R	12	5	No	None	41	150
La Crosse Lutheran Hospital +1	La Crosse	Church	140	5,403	R	12	4	No	Req	46	100
St. Francis Hospital 1-x82	La Crosse	Church	308	8,335	R	12	6	No	Req	33	100
Madison General Hospital +1	Madison	NPAssn	177	7,616	R	12	6	No	None	46	50
Methodist Hospital +1	Madison	Church	132	4,870	R	12	4	No	Req	57	90
St. Mary's Hospital +1	Madison	Church	230	8,134	R	12	6	No	None	40	125
State of Wisconsin General Hospital +1-X82	Madison	State	750	15,178	R	12	20	No	None	73	...
St. Joseph's Hospital +1-x82	Marshfield	Church	250	6,625	R	12	4	No	Req	40	200
Columbia Hospital +1	Milwaukee	NPAssn	160	5,480	R	12	7	No	Req	63	45
Evangelical Deaconess Hospital +1	Milwaukee	Church	138	7,210	R	12	6	No	Req	49	125
Milwaukee Children's Hospital +1-X83	Milwaukee	NPAssn	150	5,075	S	12	2	(267)	Req	76	50
Milwaukee County Hospital +1-X83	Milwaukee	County	868	22,503	R	12	40	(262)	Req	38	25
Milwaukee Hospital +1-x83	Milwaukee	Church	271	9,972	R	12	7	No	None	91	50
Misericordia Hospital	Milwaukee	Church	110	4,647	R	12	3	No	None	35	150
Mount Sinai Hospital +1	Milwaukee	NPAssn	184	8,411	R	12	6	No	Req	46	65
St. Joseph Hospital +-x83	Milwaukee	Church	370	13,794	R	12	10	No	None	43	75
St. Luke's Hospital +1	Milwaukee	Church	135	7,408	R	12	13	No	None	31	150
St. Mary's Hospital +1	Milwaukee	Church	210	7,963	R	12	5	No	None	58	75
St. Michael Hospital 1	Milwaukee	Church	137	4,667	R	12	4	No	Req	28	150
Theda Clark Memorial Hospital 1	Neenah	NPAssn	170	5,073	M	12	2	No	None	24	100
Mercy Hospital 1	Oshkosh	Church	210	7,716	R	12	4	No	None	32	100
St. Mary's Hospital 1	Racine	Church	211	7,881	R	12	4	No	None	36	...
St. Mary's Hospital 1-x82	Wausau	Church	240	9,228	R	12	4	No	Req	46	...
HAWAII											
Kuakini Hospital 1	Honolulu	NPAssn	115	5,062	R	12	3	No	Req	17	50
Queen's Hospital +1	Honolulu	NPAssn	384	12,853	R	12	12	No	Req	82	50
St. Francis Hospital 1	Honolulu	Church	213	7,504	R	12	6	No	Req	52	75
PUERTO RICO											
Bayamon District Hospital +1	Bayamon	Fed	264	6,943	R	12	4	No	Req	58	75
Fajardo District Hospital 1	Fajardo	State	305	5,190	R	12	5	(264)	Req	41	75
Clinica Quirurgica Dr. Pila 1	Ponce	NPAssn	186	3,589	R	12	5	No	Req	19	100
Presbyterian Hospital 1	San Juan	Church	114	4,629	R	12	5	No	Req	29	50
San Juan City Hospital +1	San Juan	City	330	9,891	R	12	12	No	Req	39	75

Abbreviations and other references will be found on pages 398 and 399.

147
51

HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

The following list of hospitals which conform to the standards of the Canadian Medical Association is published for the information of graduates interested in an internship appointment in a Canadian hospital. The Council considers that hospitals which are unqualifiedly approved as conforming to the standards of the Canadian Medical Association may be considered as offering internships equivalent in educational value to those in hospitals approved for intern training by the Council. This does not apply, however, to that group of hospitals referred to as "Commended" under the Canadian plan.

The following list of hospitals, revised to July 1, 1951, has been furnished by the Canadian Medical Association.

Name of Hospital	Location
Camp Hill Hospital	Halifax, N. S.
Halifax Infirmary	Halifax, N. S.
Victoria General Hospital	Halifax, N. S.
St. John General Hospital	St. John, N. B.
Saint Sacrement Hospital	Quebec, Que.
Hospital Dieu de Quebec	Quebec, Que.
Hospital of the Infant Jesus	Quebec, Que.
Jeffrey Hale's Hospital	Quebec, Que.
Veterans Hospital	Quebec, Que.
Children's Memorial Hospital	Montreal, Que.
Herbert Reddy Mem. Hospital	Montreal, Que.
Homeopathic Hospital	Montreal, Que.
Hospital Notre Dame	Montreal, Que.
Hospital Ste. Jeanne d'Arc	Montreal, Que.
Hospital Ste. Justine	Montreal, Que.
Hotel Dieu de Montreal	Montreal, Que.
Hospital Ste. Luc	Montreal, Que.
Jewish General Hospital	Montreal, Que.
Montreal General Hospital	Montreal, Que.
Queen Mary Veterans Hospital	Montreal, Que.
Royal Victoria Hospital	Montreal, Que.
St. Mary's Hospital	Montreal, Que.
Ste. Anne's Hospital	Ste. Anne de Bellevue, Que.
Brantford General Hospital	Brantford, Ont.
Hamilton General Hospital	Hamilton, Ont.
St. Joseph's Hospital	Hamilton, Ont.
St. Joseph's Hospital	London, Ont.
Victoria Hospital	London, Ont.
Westminster Hospital	London, Ont.
Oshawa General Hospital	Oshawa, Ont.
Ottawa Civic Hospital	Ottawa, Ont.
Ottawa General Hospital	Ottawa, Ont.
Kitchener-Waterloo Hospital	Kitchener, Ont.
Hotel Dieu Hospital	Kingston, Ont.
Kingston General Hospital	Kingston, Ont.
St. Catherines Gen. Hospital	St. Catharines, Ont.
Sunnybrook Hospital	Toronto, Ont.
Hospital for Sick Children	Toronto, Ont.
Mount Sinai Hospital	Toronto, Ont.
St. Joseph's Hospital	Toronto, Ont.
St. Michael's Hospital	Toronto, Ont.
Toronto East General Hospital	Toronto, Ont.
Toronto General Hospital	Toronto, Ont.
Toronto Western Hospital	Toronto, Ont.
Wellesley Hospital	Toronto, Ont.
Women's College Hospital	Toronto, Ont.
Grace Hospital	Windsor, Ont.
Metropolitan Hospital	Windsor, Ont.
Hotel Dieu of St. Joseph	Windsor, Ont.
Children's Hospital	Winnipeg, Man.
Deer Lodge Hospital	Winnipeg, Man.
Misericordia Hospital	Winnipeg, Man.
Winnipeg General Hospital	Winnipeg, Man.
St. Boniface Hospital	St. Boniface, Man.
Regina General Hospital	Regina, Sask.
Regina Grey Nun's Hospital	Regina, Sask.
St. Paul's Hospital	Saskatoon, Sask.
Saskatoon City Hospital	Saskatoon, Sask.
Calgary General Hospital	Calgary, Alta.
Colonel Belcher Hospital	Calgary, Alta.
Holy Cross Hospital	Calgary, Alta.
Edmonton General Hospital	Edmonton, Alta.
Misericordia Hospital	Edmonton, Alta.
Royal Alexandra Hospital	Edmonton, Alta.
University of Alberta Hospital	Edmonton, Alta.
Royal Columbian Hospital	New Westminster, B. C.
St. Paul's Hospital	Vancouver, B. C.
Shaughnessy Hospital	Vancouver, B. C.
Vancouver General Hospital	Vancouver, B. C.
Royal Jubilee Hospital	Victoria, B. C.
St. Joseph's Hospital	Victoria, B. C.
Veterans Hospital	Victoria, B. C.
St. John's General Hospital	St. John's, N. F.

ABBREVIATIONS AND NOTES

1. Women interns admitted
2. Women interns only
3. Dental interns employed
4. Male patients only

CyCo	City and County
Corp	Corporation unrestricted as to profit
NPAssn	Nonprofit association
Part	Partnership

Op	Optional
Req	Required
R	Rotation
M	Mixed
S	Straight

+ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residences and Fellowships for Veteran and Civilian Physicians.

Medical School Affiliations

Footnotes 10 to 83 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships.

Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. University of California School of Medicine, San Francisco, Calif.
13. College of Medical Evangelists, Loma Linda, Los Angeles, Calif.
14. University of Southern California School of Medicine, Los Angeles, Calif.
15. Stanford University School of Medicine, Stanford University, San Francisco, Calif.
16. University of Colorado School of Medicine, Denver, Colo.
17. Yale University School of Medicine, New Haven, Conn.
18. Georgetown University School of Medicine, Washington, D. C.
19. George Washington University School of Medicine, Washington, D. C.
20. Howard University College of Medicine, Washington, D. C.
21. Emory University School of Medicine, Atlanta, (Emory University) Ga.
22. Medical College of Georgia, Augusta, Ga.
23. Chicago Medical School, Chicago, Ill.
24. Northwestern University Medical School, Chicago, Ill.
25. University of Chicago, School of Medicine, Chicago, Ill.
26. University of Illinois College of Medicine, Chicago, Ill.
27. Stritch School of Medicine of Loyola University, Chicago, Ill.
28. Indiana University School of Medicine, Bloomington-Indianapolis, Ind.
29. State University of Iowa College of Medicine, Iowa City, Iowa
30. University of Kansas School of Medicine, Lawrence-Kansas City, Kan.
31. University of Louisville School of Medicine, Louisville, Ky.
32. Louisiana State University School of Medicine, New Orleans, La.
33. Tulane University of Louisiana School of Medicine, New Orleans, La.
34. Johns Hopkins University School of Medicine, Baltimore, Md.
35. University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, Md.
36. Boston University School of Medicine, Boston, Mass.
37. Harvard Medical School, Boston, Mass.
38. Tufts College Medical School, Boston, Mass.
39. University of Michigan Medical School, Ann Arbor, Mich.
40. Wayne University College of Medicine, Detroit, Mich.
41. University of Minnesota Medical School, Minneapolis, Minn.
42. St. Louis University School of Medicine, St. Louis, Mo.
43. Washington University School of Medicine, St. Louis, Mo.
44. Creighton University School of Medicine, Omaha, Neb.
45. University of Nebraska College of Medicine, Omaha, Neb.
46. Dartmouth Medical School, Hanover, N. H.
47. Albany Medical College, Albany, N. Y.
48. University of Buffalo School of Medicine, Buffalo, N. Y.
49. Columbia University College of Physicians and Surgeons, New York, N.Y.
50. Cornell University Medical College, New York, N. Y.
51. New York Medical College, Flower and Fifth Avenue Hospitals, New York, N. Y.
52. New York University College of Medicine, New York, N. Y.
53. State University of New York College of Medicine at New York City-Brooklyn, N. Y.
54. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
55. State University of New York at Syracuse College of Medicine, Syracuse, N.Y.
56. University of North Carolina, Raleigh, N. C.
57. Duke University School of Medicine, Durham, N. C.
58. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
59. University of Cincinnati College of Medicine, Cincinnati, Ohio
60. Western Reserve University School of Medicine, Cleveland, Ohio
61. Ohio State University College of Medicine, Columbus, Ohio
62. University of Oklahoma School of Medicine, Oklahoma City, Okla.
63. University of Oregon Medical School, Portland, Ore.
64. Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, Pa.
65. Jefferson Medical College of Philadelphia, Philadelphia, Pa.
66. Temple University School of Medicine, Philadelphia, Pa.
67. University of Pennsylvania School of Medicine, Philadelphia, Pa.
68. Woman's Medical College of Pennsylvania, Philadelphia, Pa.
69. University of Pittsburgh School of Medicine, Pittsburgh, Pa.
70. Medical College of the State of South Carolina, Charleston, S. C.
71. University of South Dakota, Pierre, S. D.
72. University of Tennessee College of Medicine, Memphis, Tenn.
73. Meharry Medical College, Nashville, Tenn.
74. Vanderbilt University School of Medicine, Nashville, Tenn.
75. Southwestern Medical School of the University of Texas, Dallas, Tex.
76. University of Texas School of Medicine, Galveston, Tex.
77. Baylor University College of Medicine, Houston, Tex.
78. University of Utah School of Medicine, Salt Lake City, Utah
79. University of Vermont College of Medicine, Burlington, Vt.
80. Medical College of Virginia, Richmond, Va.
81. University of Washington, School of Medicine, Seattle, Wash.
82. University of Wisconsin Medical School, Madison, Wis.
83. Marquette University School of Medicine, Milwaukee, Wis.

V 14
1951

Affiliations as Referred to in Column Headed: "Affiliated Service"

100. Maricopa County Hospital
101. Arkansas Children's Hospital, Ped.
102. Los Angeles County Hospital
103. Children's Hospital
104. Children's Hospital, Casualty Hospital
105. Grady Mem'l Hospital, Atlanta, Ga.
106. Holy Cross Hospital, Chicago, Ob-Gyn
107. Winfield Sanatorium
108. Chicago Maternity Hospital; Children's Memorial Hospital
109. Broadlawns-Polk City Hospital
110. Children's Mercy Hospital, Kansas City, Mo.
111. St. Joseph Infirmary and Louisville General Hospital
112. Johns Hopkins Hospital
113. St. Elizabeth's Hospital, Brighton, Mass.
114. Wesson Maternity Hospital
115. University Hospital
116. Pontiac State Hospital, Oakland County Tuberculosis Sanitorium
117. University Hospital, Ann Arbor, Mich.
118. Maricopa City Hospital
119. Pima City and Veterans Administration Hospitals
120. Pima County Hospital
121. Harbor Gen'l Hospital and Long Beach Gen'l Hospital
122. Harbor Gen'l Hospital
123. Santa Monica Hospital
124. Children's Hospital
125. Children's Hospital; County Hospital; White Mem'l Hospital
126. Children's Hospital
127. Fairmont Hospital
128. Women's Hospital
129. Mary's Help Hospital; St. Luke's Hospital
130. San Francisco Hospital, Obst.
131. Children's Hospital, Ped.
132. Santa Barbara Gen'l Hospital
133. California Hospital, L. A.
134. Colorado Gen'l Hospital
135. Boulder-Colorado Sanitarium and Hospital; Boulder City Hospital
136. Bellevue Medical Center
137. J. J. McCook Mem'l Hospital
138. Southbury Training School, Ped.
139. Gallinger Municipal Hospital; Children's Hospital
140. Prince George's Gen'l Hospital; Arlington Hospital
141. Gallinger Municipal Hospital
142. Grady Memorial Hospital
143. University Hospital, Augusta, Ga., Ob-Gyn
144. Municipal Contagious for Medical Pediatrics
145. Mercy Hospital
146. University Hospital
147. Harbor Gen'l, Torrance, Cal., and Los Angeles City Gen'l Hospital, Los Angeles
148. Winfield Hospital
149. Children's Mem'l Hospital, Lake City Tuberculosis Sanitorium
150. Children's Mem'l Hospital and Chicago Maternity Hospital
151. Children's Mem'l Hospital; Municipal Tuberculosis Sanitarium, Chicago
152. Winnebago County Hospital
153. Riley Hospital
154. Indianapolis Gen'l Hospital
155. Sedgwich County Hospital
156. Children's Hospital and Waverly Hills T. B. Sanatorium
157. Our Lady of Peace, Louisville
158. Central Louisiana State Hospital
159. Johns Hopkins, University Hospital
160. University Hospital
161. Chapin Hospital, Providence, R. I.
162. Peter Bent Brigham, New England Deaconess Hospitals
163. Haynes Mem'l Hospital
164. Framingham Union, Boston City Hospitals
165. Eastern Maine Gen'l, Bangor, Maine; Central Maine Gen'l, Lewiston, Maine; Boston Floating Hospital, Boston Dispensary, Boston
166. Haynes Mem'l Hospital
167. Redford Branch and Herman Kiefer Hospital
168. Children's Hospital
169. Receiving Hospital, Herman Kiefer Hospital
170. Herman Kiefer, Detroit; University Hospital, Ann Arbor, Mich
171. Herman Kiefer, Contagious; St. Joseph's Retreat, Psych.
172. Grace Hospital, Obstetrics
173. Children's Hospital, Receiving Hospital
174. Herman Kiefer Hospital; Woman's Hospital
175. Michigan Veteran Facility; Mary Free Bed Con. Home, Evangeline Home, Cancer Detection Center
176. Ingham County T. B. Sanitarium
177. Pontiac State Hospital; Oakland City T. B. Sanitarium; Oakland City Contagious Hospital; University of Michigan Graduate Training Program
178. Miller Mem'l Hospital
179. University Hospital
180. Minneapolis Gen'l Hospital
181. Children's Hospital, St. Paul, Minn.
182. Gillette Hospital
183. Mississippi Tubercular Sanatorium
184. Children's Memorial Hospital
185. Douglas County Hospital
186. Children's and Douglas County Hospitals
187. Douglas County Hospital and St. Bernard's, Council Bluffs, Iowa
188. Mercy Hospital, Kansas City, Mo., Pediatrics
189. Children's Mercy
190. Children's Mem'l Hospital; Nebraska Psych. Unit, Douglas County Hospital
191. Children's Seashore Home; Betty Bacharach Home, Clyde Fish Mem'l Hospital, Atlantic City Municipal Hospital
192. St. Elizabeth Hospital
193. Berthold S. Pollak Hospital, Margaret Hague Maternity Hospital
194. Margaret Hague Maternity Hospital
195. St. Louis Maternity, St. Louis City and St. Louis Children's Hospitals
196. Brady Maternity Hospital
197. Robert Koch Hospital; City Hospital; Max C. Starkloff (isolation); St. Mary's Infirmary
198. Alexian Bros. Hospital and City Hospital
199. City Hospital, Isolation
200. Kingston Ave. Hospital, Chronic Home for Aged
201. Brooklyn Thoracic Hospital
202. Children's Hospital
203. E. J. Meyer Mem'l Hospital, Obstetrics
204. University of Maryland Hospital
205. Chemung County T. B. Sanatorium
206. Bellevue Medical Center
207. Goldwater Mem'l Hospital, University Hospital, Institute of Phy. Med. and Rehabilitation; Phy. Med. and Rehabilitation
208. University, Beckman Downtown, Gouverneur, and Easton Hospitals
209. New York University, Basic Sciences
210. Beth Isreal Hospital, Obstetrics
211. Willard Parker and Bellevue Hospitals
212. Park Avenue and Geneva General
213. Genesee Hospital, Highland Hospital, Rochester; F .F. Thompson Hospital, Canandaigua, New York
214. Misericordia Hospital, New York City, Ob-Ped.
215. University, Crouse Irving, Memorial Psychopathic, City Hospitals
216. Children's Hospital, Akron, Ohio
217. Children's Hospital, Cincinnati, Pediatrics
218. Chronic Disease Hospital and Durham Hospital
219. Cincinnati Gen'l Hospital
220. St. Ann Maternity Hospital
221. Mt. Sinai Hospital
222. Children's Hospital, Columbus, Ohio
223. Children's and St. Francis Hospitals
224. Lima State Hospital, Psych.
225. Children's, Columbus, Ohio; Maumee Valley Hospital, Toledo, Ohio
226. University Hospital
227. University, Mercy, St. Anthony and Wesley Hospitals
228. City Isolation Hospital and Shriners Hospital for Crippled Children
229. St. Joseph's Hospital, Vancouver, Washington, Obstetrics
230. Providence Hospital, Ped.
231. University Hospitals, Obstetrics
232. Municipal Hospital for Contagious Diseases
233. Children's Hospital of the Mary J. Drexel Home
234. Children's Hospital, Pediatrics
235. Philadelphia Hospital, Contagious Diseases
236. St. Christopher's Hospital for Children
237. Rosalia Foundling
238. Eye and Ear; Magee; Children's Hospitals
239. Municipal Hospital
240. West Side Hospital
241. Lying-In Hospital, Obstetrics
242. Chapin Hospital, Contagious and Mental
243. S. C. Public Health Hospital, Florence, S. C.
244. Children's Hospital and Pine Breeze Sanatarium
245. Crippled Children's Hospital
246. Baptist and St. Joseph Hospitals
247. West Tennessee Tuberculosis Hospital; Memphis; E.E.N.T. Hospital
248. Vanderbilt University Hospital
249. Nashville Gen'l Hospital, Veterans Admin. Hospital, Nashville, Tenn.
250. Memorial, Corpus Christi, Ob-Gyn., John Sealy, Galveston, Pediatrics
251. Jefferson Davis Hospital
252. Gulf, Colorado and Santa Fe R. R. Ass'n Hospital
253. Salt Lake County Gen'l, Utah State Tuberculosis Sanatorium
254. Salt Lake Gen'l, Holy Cross, Latter-Day Sanitorium, St. Marks, St. Benedicts
255. Blue Ridge Sanatorium, Lynchburg Gen'l, Lynchburg, Va., King's Daughters, Staunton, Va., Med. only
256. U. S. Naval Hospital, Portsmouth Va., Obst., King's Daughters Ped. Clinic, Norfolk, Virginia
257. King County
258. Firland Sanatorium, Diseases of the Chest
259. Children's Orthopedics Hospital
260. Ft. Lawton Gen'l Hospital, Ft. Lawton, Washington, Ob-Gyn
261. Shriners Hospital for Crippled Children, Salvation Army Hospital
262. South View Hospital (City Isolation Hospital), St. Joseph's Hospital
263. Charity District Hospital, Bayamon, P. R., Path.
264. Bayamon District Hospital
265. Wesson Maternity Hospital
266. Stuart Circle, St. Elizabeth's, St. Luke's, Richmond; Northhampton-Accomack Mem'l., Nassaradox; Mary Washington, Fredericksburg, Southside Community, Farmville, Raidford Mem'l, Franklin
267. Southview Hospital, Isolation
268. Gillette State Hospital for Crippled Children, Ancker Hospital—City and County Hospitals
269. Grady Memorial Hospital

APPROVED INTERNSHIPS BY TYPE OF SERVICE

ROTATING

Number of Approved Programs, 775

UNITED STATES ARMY

Army and Navy General Hospital	Hot Springs National Park, Ark.
Letterman Army Hospital	San Francisco
Fitzsimons Army Hospital	Denver
Army Medical Center	Washington, D.C.
Murphy Army Hospital	Waltham, Mass.
Percy Jones Army Hospital	Battle Creek, Mich.
Valley Forge Army Hospital	Phoenixville, Pa.
William Beaumont Army Hospital	El Paso, Tex.
Brooke Army Hospital	San Antonio, Tex.
Madigan Army Hospital	Fort Lewis, Wash.
Gorgas Hospital	Ancon, C.Z.
Tripler Army Hospital	Moanalua, Honolulu, T.H.

UNITED STATES NAVY

U. S. Naval Hospital	Mare Island, Calif.
U. S. Naval Hospital	Oakland, Calif.
U. S. Naval Hospital	Oceanside, Calif.
U. S. Naval Hospital	San Diego, Calif.
U. S. Naval Hospital	Jacksonville, Fla.
U. S. Naval Hospital	Pensacola, Fla.
U. S. Naval Hospital	Great Lakes, Ill.
U. S. Naval Hospital	Bethesda, Md.
U. S. Naval Hospital	Chelsea, Mass.
U. S. Naval Hospital	St. Albans, N.Y.
U. S. Naval Hospital	Philadelphia
U. S. Naval Hospital	Newport, R.I.
U. S. Naval Hospital	Charleston, S.C.
U. S. Naval Hospital	Portsmouth, Va.
U. S. Naval Hospital	Bremerton, Wash.

U. S. PUBLIC HEALTH SERVICE

U. S. Public Health Service Hospital	San Francisco
U. S. Public Health Service Hospital	Chicago
U. S. Public Health Service Hospital	New Orleans, La.
U. S. Public Health Service Hospital	Baltimore
U. S. Public Health Service Hospital	Boston
U. S. Public Health Service Hospital	Detroit
U. S. Public Health Service Hospital	Stapleton, S.I., N.Y.
U. S. Public Health Service Hospital	Cleveland
U. S. Public Health Service Hospital	Galveston, Tex.
U. S. Public Health Service Hospital	Norfolk, Va.
U. S. Public Health Service Hospital	Seattle

FEDERAL SECURITY AGENCY

Freedmen's Hospital	Washington, D.C.
St. Elizabeth's Hospital	Washington, D.C.

VETERANS ADMINISTRATION

Veterans Admin. Hospital	Little Rock, Ark.
Veterans Admin. Hospital	Long Beach, Calif.
Veterans Admin. Hospital	Oklahoma City, Okla.
Veterans Admin. Hospital	Houston, Tex.

NONFEDERAL

Carraway Methodist Hospital	Birmingham, Ala.
Jefferson-Hillman Hospital	Birmingham, Ala.
Lloyd Noland Hospital	Fairfield, Ala.
Holy Name of Jesus Hospital	Gadsden, Ala.
City Hospital	Mobile, Ala.
Good Samaritan Hospital	Phoenix, Ariz.
Memorial Hospital	Phoenix, Ariz.
St. Joseph's Hospital	Phoenix, Ariz.
St. Mary's Hospital and Sanatorium	Tucson, Ariz.
Tucson Medical Center	Tucson, Ariz.
Arkansas Baptist Hospital	Little Rock, Ark.
St. Vincent Infirmary	Little Rock, Ark.
University Hospital	Little Rock, Ark.
Herrick Memorial Hospital	Berkeley, Calif.
San Joaquin General Hospital	French Camp, Calif.
General Hospital of Fresno County	Fresno, Calif.
Glendale Sanitarium and Hospital	Glendale, Calif.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif.
Long Beach Community Hospital	Long Beach, Calif.
St. Mary's Long Beach Hospital	Long Beach, Calif.
Seaside Memorial Hospital	Long Beach, Calif.
California Hospital	Los Angeles
Cedars of Lebanon Hospital	Los Angeles
Hospital of the Good Samaritan	Los Angeles
Los Angeles County Hospital	Los Angeles
Methodist Hospital of Southern California	Los Angeles
Presbyterian Hospital-Olmsted Memorial	Los Angeles
Queen of Angels Hospital	Los Angeles
Santa Fe Coast Lines Hospital	Los Angeles
White Memorial Hospital	Los Angeles
Highland Alameda County Hospital	Oakland, Calif.
Permanente Foundation Hospital	Oakland, Calif.
Orange County General Hospital	Orange, Calif.
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.
St. Luke Hospital	Pasadena, Calif.
Sacramento County Hospital	Sacramento, Calif.
San Bernardino County Charity Hospital	San Bernardino, Calif.
Mercy Hospital	San Diego, Calif.
San Diego County General Hospital	San Diego, Calif.
Children's Hospital	San Francisco
Franklin Hospital	San Francisco
French Hospital	San Francisco
Mary's Help Hospital	San Francisco
Mount Zion Hospital	San Francisco
St. Joseph's Hospital	San Francisco
St. Luke's Hospital	San Francisco
St. Mary's Hospital	San Francisco
San Francisco Hospital	San Francisco
Southern Pacific General Hospital	San Francisco
Santa Clara County Hospital	San Jose, Calif.
Santa Barbara Cottage Hospital	Santa Barbara, Calif.
St. John's Hospital	Santa Monica, Calif.
Santa Monica Hospital	Santa Monica, Calif.
Harbor General Hospital	Torrance, Calif.
Glockner Penrose Hospital	Colorado Springs, Colo.
General Rose Memorial Hospital	Denver
Mercy Hospital	Denver
Porter Sanitarium and Hospital	Denver
Presbyterian Hospital	Denver
St. Anthony Hospital	Denver
St. Joseph's Hospital	Denver
St. Luke's Hospital	Denver
University of Colorado Medical Center	
Colorado General Hospital	Denver
Denver General Hospital	Denver
Corwin Hospital	Pueblo, Colo.
Bridgeport Hospital	Bridgeport, Conn.
St. Vincent's Hospital	Bridgeport, Conn.
Danbury Hospital	Danbury, Conn.
Greenwich Hospital	Greenwich, Conn.
Hartford Hospital	Hartford, Conn.
J. J. McCook Memorial Hospital	Hartford, Conn.
St. Francis Hospital	Hartford, Conn.
Meriden Hospital	Meriden, Conn.
Middlesex Hospital	Middletown, Conn.
New Britain General Hospital	New Britain, Conn.
Grace-New Haven Community Hospital	
Grace Unit	New Haven, Conn.
Hospital of St. Raphael	New Haven, Conn.
Lawrence and Memorial Associated Hospitals	New London, Conn.
Norwalk Hospital	Norwalk, Conn.
William W. Backus Hospital	Norwich, Conn.
Stamford Hospital	Stamford, Conn.
St. Mary's Hospital	Waterbury, Conn.
Waterbury Hospital	Waterbury, Conn.
Delaware Hospital	Wilmington, Del.
Memorial Hospital	Wilmington, Del.
Wilmington General Hospital	Wilmington, Del.
Central Dispensary and Emergency Hospital	Washington, D.C.
Doctors Hospital	Washington, D.C.
Gallinger Municipal Hospital	Washington, D.C.
Garfield Memorial Hospital	Washington, D.C.
Providence Hospital	Washington, D.C.
Sibley Memorial Hospital	Washington, D.C.
Washington Sanitarium and Hospital	Washington, D.C.
Duval Medical Center	Jacksonville, Fla.
St. Luke's Hospital	Jacksonville, Fla.
St. Vincent's Hospital	Jacksonville, Fla.
Jackson Memorial Hospital	Miami Beach, Fla.
Mount Sinai Hospital	Miami Beach, Fla.
St. Francis Hospital	Miami Beach, Fla.
Orange Memorial Hospital	Orlando, Fla.
Sacred Heart Hospital	Pensacola, Fla.
Tampa Municipal Hospital	Tampa, Fla.
St. Mary's Hospital	Athens, Ga.
Crawford W. Long Memorial Hospital	Atlanta
Georgia Baptist Hospital	Atlanta
Piedmont Hospital	Atlanta
St. Joseph's Infirmary	Atlanta
University Hospital	Augusta, Ga.
Columbus City Hospital	Columbus, Ga.
Macon General Hospital	Macon, Ga.
MacNeal Memorial Hospital	Berwyn, Ill.
Alexian Brothers Hospital	Chicago
American Hospital	Chicago
Augustana Hospital	Chicago
Chicago Memorial Hospital	Chicago
Columbus Hospital	Chicago
Cook County Hospital	Chicago
Edgewater Hospital	Chicago
Englewood Hospital	Chicago
Evangelical Hospital	Chicago
Garfield Park Community Hospital	Chicago
Grant Hospital	Chicago
Henrotin Hospital	Chicago
Holy Cross Hospital	Chicago
Hospital of St. Anthony de Padua	Chicago
Illinois Central Hospital	Chicago
Illinois Masonic Hospital	Chicago
Jackson Park Hospital	Chicago
Loyola University Hospital Group	
Loretto Hospital	Chicago
Lutheran Deaconess Hospital	Chicago
Mercy Hospital	Chicago
Michael Reese Hospital	Chicago
Mother Cabrini Memorial Hospital	Chicago
Mount Sinai Hospital	Chicago
Norwegian American Hospital	Chicago
Passavant Memorial Hospital	Chicago
Presbyterian Hospital	Chicago
Provident Hospital	Chicago
Ravenswood Hospital	Chicago
Research and Educational Hospitals	Chicago
Roseland Community Hospital	Chicago
St. Anne's Hospital	Chicago
St. Bernard's Hospital	Chicago
St. Elizabeth Hospital	Chicago
St. Luke's Hospital	Chicago
St. Mary of Nazareth Hospital	Chicago
South Chicago Community Hospital	Chicago
Swedish Covenant Hospital	Chicago
Walther Memorial Hospital	Chicago
Wesley Memorial Hospital	Chicago
Women and Children's Hospital	Chicago
Woodlawn Hospital	Chicago
St. Mary's Hospital	East St. Louis, Ill.
Memorial Hospital	Elmhurst, Ill.
Evanston Hospital	Evanston, Ill.
St. Francis Hospital	Evanston, Ill.
Little Company of Mary Hospital	Evergreen Park, Ill.
St. Joseph's Hospital	Joliet, Ill.

V 14
1951

NONFEDERAL—Continued

Moline Public Hospital	Moline, Ill.
Oak Park Hospital	Oak Park, Ill.
West Suburban Hospital	Oak Park, Ill.
Methodist Hospital of Central Illinois	Peoria, Ill.
St. Francis Hospital	Peoria, Ill.
St. Mary's Hospital	Quincy, Ill.
Rockford Memorial Hospital	Rockford, Ill.
St. Anthony Hospital	Rockford, Ill.
Swedish American Hospital	Rockford, Ill.
Memorial Hospital	Springfield, Ill.
St. Catherine Hospital	East Chicago, Ind.
Protestant Deaconess Hospital	Evansville, Ind.
Lutheran Hospital	Fort Wayne, Ind.
St. Mary's Mercy Hospital	Gary, Ind.
St. Margaret Hospital	Hammond, Ind.
Indianapolis General Hospital	Indianapolis
Indiana University Medical Center	Indianapolis
Methodist Hospital	Indianapolis
St. Vincent's Hospital	Indianapolis
St. Elizabeth Hospital	La Fayette, Ind.
St. Joseph Hospital	Mishawaka, Ind.
Ball Memorial Hospital	Muncie, Ind.
Memorial Hospital	South Bend, Ind.
St. Joseph's Hospital	South Bend, Ind.
St. Anthony Hospital	Terre Haute, Ind.
Mercy Hospital	Cedar Rapids, Ia.
St. Luke's Methodist Hospital	Cedar Rapids, Ia.
Mercy Hospital	Council Bluffs, Ia.
Broadlawns Polk County Hospital	Des Moines, Ia.
Iowa Lutheran Hospital	Des Moines, Ia.
Iowa Methodist Hospital	Des Moines, Ia.
Mercy Hospital	Des Moines, Ia.
University Hospitals	Iowa City
St. Joseph Mercy Hospital	Sioux City, Ia.
Bethany Hospital	Kansas City, Kans.
Providence Hospital	Kansas City, Kans.
St. Margret's Hospital	Kansas City, Kans.
University of Kansas Medical Center	Kansas City, Kans.
St. Francis Hospital	Wichita, Kans.
Wesley Hospital	Wichita, Kans.
Wichita Hospital	Wichita, Kans.
St. Elizabeth Hospital	Covington, Ky.
William Booth Memorial Hospital	Covington, Ky.
Good Samaritan Hospital	Lexington, Ky.
Kentucky Baptist Hospital	Louisville
Louisville General Hospital	Louisville
Norton Memorial Infirmary	Louisville
St. Anthony Hospital	Louisville
St. Joseph Infirmary	Louisville
SS. Mary and Elizabeth Hospital	Louisville
Baptist Hospital	Alexandria, La.
Baton Rouge General Hospital	Baton Rouge, La.
Charity Hospital of Louisiana	New Orleans
Hotel Dieu-Sisters Hospital	New Orleans
Mercy Hospital-Soniat Memorial	New Orleans
Southern Baptist Hospital	New Orleans
Touro Infirmary	New Orleans
North Louisiana Sanitarium	Shreveport, La.
Shreveport Charity Hospital	Shreveport, La.
T. E. Schumpert Memorial Sanitarium	Shreveport, La.
Eastern Maine General Hospital	Bangor, Me.
Central Maine General Hospital	Lewiston, Me.
St. Mary's General Hospital	Lewiston, Me.
Maine General Hospital	Portland, Me.
Baltimore City Hospital	Baltimore
Bon Secours Hospital	Baltimore
Church Home and Hospital	Baltimore
Franklin Square Hospital	Baltimore
Hospital for Women	Baltimore
Lutheran Hospital	Baltimore
Maryland General Hospital	Baltimore
Provident Hospital and Free Dispensary	Baltimore
St. Agnes Hospital	Baltimore
St. Joseph's Hospital	Baltimore
Sinai Hospital	Baltimore
South Baltimore General Hospital	Baltimore
Union Memorial Hospital	Baltimore
University Hospital	Baltimore
Washington County Hospital	Hagerstown, Md.
Beverly Hospital	Beverly, Mass.
New England Hospital	Boston
St. Elizabeth's Hospital	Boston
Brockton Hospital	Brockton, Mass.
Cambridge City Hospital	Cambridge, Mass.
Mount Auburn Hospital	Cambridge, Mass.
Truesdale Hospital	Fall River, Mass.
Union Hospital	Fall River, Mass.
Burbank Hospital	Fitchburg, Mass.
Holyoke Hospital	Holyoke, Mass.
Lawrence General Hospital	Lawrence, Mass.
Lowell General Hospital	Lowell, Mass.
St. John's Hospital	Lowell, Mass.
St. Joseph's Hospital	Lowell, Mass.
Lynn Hospital	Lynn, Mass.
St. Luke's Hospital	New Bedford, Mass.
Newton Wellesley Hospital	Newton Lower Falls, Mass.
Pittsfield General Hospital	Pittsfield, Mass.
St. Luke's Hospital	Pittsfield, Mass.
Quincy City Hospital	Quincy, Mass.
Salem Hospital	Salem, Mass.
Mercy Hospital	Springfield, Mass.
Springfield Hospital	Springfield, Mass.
Wesson Memorial Hospital	Springfield, Mass.
Waltham Hospital	Waltham, Mass.
Memorial Hospital	Worcester, Mass.
St. Vincent Hospital	Worcester, Mass.
Worcester City Hospital	Worcester, Mass.
St. Joseph's Mercy Hospital	Ann Arbor, Mich.
University Hospital	Ann Arbor, Mich.
Leila Y. Post Montgomery Hospital	Battle Creek, Mich.
City of Detroit Receiving Hospital	Detroit
Detroit Memorial Hospital	Detroit
Grace Hospital	Detroit
Harper Hospital	Detroit
Jennings Memorial Hospital	Detroit
Mt. Carmel Mercy Hospital	Detroit
Providence Hospital	Detroit
St. Joseph's Mercy Hospital	Detroit
Woman's Hospital	Detroit
Wayne County General Hospital and Infirmary	Eloise, Mich.
Hurley Hospital	Flint, Mich.
St. Joseph Hospital	Flint, Mich.
Blodgett Memorial Hospital	Grand Rapids, Mich.
Butterworth Hospital	Grand Rapids, Mich.
St. Mary's Hospital	Grand Rapids, Mich.
Highland Park General Hospital	Highland Park, Mich.
Borgess Hospital	Kalamazoo, Mich.
Bronson Methodist Hospital	Kalamazoo, Mich.
Edward W. Sparrow Hospital	Lansing, Mich.
St. Lawrence Hospital	Lansing, Mich.
Hackley Hospital	Muskegon, Mich.
Pontiac General Hospital	Pontiac, Mich.
St. Joseph Mercy Hospital	Pontiac, Mich.
Saginaw General Hospital	Saginaw, Mich.
St. Luke's Hospital	Saginaw, Mich.
St. Mary's Hospital	Saginaw, Mich.
James Decker Munson Hospital	Traverse City, Mich.
St. Luke's Hospital	Duluth, Minn.
St. Mary's Hospital	Duluth, Minn.
Abbott Hospital	Minneapolis
Asbury Hospital	Minneapolis
Lutheran Deaconess Home and Hospital	Minneapolis
Minneapolis General Hospital	Minneapolis
Northwestern Hospital	Minneapolis
St. Mary's Hospital	Minneapolis
Swedish Hospital	Minneapolis
Ancker Hospital	St. Paul
Bethesda Hospital	St. Paul
St. Joseph's Hospital	St. Paul
St. Luke's Hospital	St. Paul
Mississippi Baptist Hospital	Jackson, Miss.
Mercy Hospital-Street Memorial	Vicksburg, Miss.
St. Louis County Hospital	Clayton, Mo.
Kansas City General Hospital No. 1	Kansas City, Mo.
Kansas City General Hospital No. 2	Kansas City, Mo.
Menorah Hospital Medical Center	Kansas City, Mo.
Research Hospital	Kansas City, Mo.
St. Joseph Hospital	Kansas City, Mo.
St. Luke's Hospital	Kansas City, Mo.
St. Mary's Hospital	Kansas City, Mo.
Trinity Lutheran Hospital	Kansas City, Mo.
Missouri Methodist Hospital	St. Joseph, Mo.
St. Joseph's Hospital	St. Joseph, Mo.
Christian Hospital	St. Louis
De Paul Hospital	St. Louis
Evangelical Deaconess Hospital	St. Louis
Homer G. Phillips Hospital	St. Louis
Jewish Hospital	St. Louis
Lutheran Hospital	St. Louis
Missouri Baptist Hospital	St. Louis
St. Anthony's Hospital	St. Louis
St. John's Hospital	St. Louis
St. Louis City Hospital	St. Louis
St. Luke's Hospital	St. Louis
St. Mary's Group of Hospitals	St. Louis
St. James Hospital	Butte, Mont.
Montana Deaconess Hospital	Great Falls, Mont.
Bryan Memorial Hospital	Lincoln, Nebr.
Lincoln General Hospital	Lincoln, Nebr.
St. Elizabeth Hospital	Lincoln, Nebr.
Bishop Clarkson Memorial Hospital	Omaha
Creighton Memorial-St. Joseph Hospital	Omaha
Immanuel Deaconess Institute	Omaha
Nebraska Methodist Hospital	Omaha
St. Catherine's Hospital	Omaha
University of Nebraska Hospital	Omaha
Mary Hitchcock Memorial Hospital	Hanover, N.H.
Atlantic City Hospital	Atlantic City, N.J.
Bayonne Hospital and Dispensary	Bayonne, N.J.
Cooper Hospital	Camden, N.J.
West Jersey Hospital	Camden, N.J.
East Orange General Hospital	East Orange, N.J.
Alexian Brothers Hospital	Elizabeth, N.J.
Elizabeth General Hospital	Elizabeth, N.J.
St. Elizabeth Hospital	Elizabeth, N.J.
Englewood Hospital	Englewood, N.J.
Hackensack Hospital	Hackensack, N.J.
St. Mary's Hospital	Hoboken, N.J.
Christ Hospital	Jersey City, N.J.
Jersey City Hospital	Jersey City, N.J.
St. Francis Hospital	Jersey City, N.J.
Monmouth Memorial Hospital	Long Branch, N.J.
Mountainside Hospital	Montclair, N.J.
Morristown Memorial Hospital	Morristown, N.J.
Fitkin Memorial Hospital	Neptune, N.J.
Hospital of St. Barnabas and For Women and Children	Newark, N.J.
Newark Beth Israel Hospital	Newark, N.J.
Newark City Hospital	Newark, N.J.
St. Michael's Hospital	Newark, N.J.
St. Peter's General Hospital	New Brunswick, N.J.
Orange Memorial Hospital	Orange, N.J.
Passaic General Hospital	Passaic, N.J.
St. Mary's Hospital	Passaic, N.J.
Barnett Memorial Hospital	Patterson, N.J.
Paterson General Hospital	Paterson, N.J.
St. Joseph Hospital	Paterson, N.J.
Muhlenberg Hospital	Plainfield, N.J.
Overlook Hospital	Summit, N.J.
Holy Name Hospital	Teaneck, N.J.
Mercer Hospital	Trenton, N.J.
St. Francis Hospital	Trenton, N.J.
William McKinley Memorial Hospital	Trenton, N.J.
North Hudson Hospital	Weehawken, N.J.
Albany Hospital	Albany, N.Y.
Memorial Hospital	Albany, N.Y.
St. Peter's Hospital	Albany, N.Y.
Auburn City Hospital	Auburn, N.Y.
Binghamton City Hospital	Binghamton, N.Y.

147
951

NONFEDERAL—Continued

Beth El Hospital	Brooklyn
Bushwick Hospital	Brooklyn
Coney Island Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Greenpoint Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
St. Mary's Hospital	Brooklyn
Unity Hospital	Brooklyn
Wyckoff Heights Hospital	Brooklyn
Allied Hospital of the Sisters of Charity	Buffalo
Buffalo General Hospital	Buffalo
Deaconess Hospital	Buffalo
Edward J. Meyer Memorial Hospital	Buffalo
Mercy Hospital	Buffalo
Millard Fillmore Hospital	Buffalo
Mary Imogene Bassett Hospital	Cooperstown, N.Y.
Arnot Ogden Memorial Hospital	Elmira, N.Y.
St. Joseph's Hospital	Elmira, N.Y.
Flushing Hospital and Dispensary	Flushing, N.Y.
North Country Community Hospital	Glen Cove, N.Y.
Glens Falls Hospital	Glens Falls, N.Y.
Meadowbrook Hospital	Hempstead, N.Y.
Jamaica Hospital	Jamaica, N.Y.
Mary Immaculate Hospital	Jamaica, N.Y.
Queens General Hospital	Jamaica, N.Y.
Charles S. Wilson Memorial Hospital	Johnson City, N.Y.
Our Lady of Victory Hospital	Lackawanna, N.Y.
St. John's Long Island City Hospital	Long Island City, N.Y
Nassau Hospital	Mineola, N.Y.
Northern Westchester Hospital	Mount Kisco, N.Y.
Mount Vernon Hospital	Mount Vernon, N.Y.
St. Luke's Hospital	Newburgh, N.Y.
New Rochelle Hospital	New Rochelle, N.Y.
Beth David Hospital	New York City
Beth Israel Hospital	New York City
Bronx Hospital	New York City
Columbus Hospital	New York City
Fordham Hospital	New York City
French Hospital	New York City
Gouverneur Hospital	New York City
Harlem Hospital	New York City
Hospital for Joint Diseases	New York City
Jewish Memorial Hospital	New York City
Knickerbocker Hospital	New York City
Lebanon Hospital	New York City
Lenox Hill Hospital	New York City
Lincoln Hospital	New York City
Metropolitan Hospital	New York City
Misericordia Hospital	New York City
Morrisania City Hospital	New York City
Mother Cabrini Memorial Hospital	New York City
Mount Sinai Hospital	New York City
New York City Hospital	New York City
New York Infirmary	New York City
New York Polyclinic Medical School and Hospital	New York City
St. Clare's Hospital	New York City
St. Francis Hospital	New York City
St. Vincent's Hospital	New York City
Sydenham Hospital	New York City
Mount St. Mary's Hospital	Niagara Falls, N.Y.
United Hospitals	Port Chester, N.Y.
St. Francis Hospital	Poughkeepsie, N.Y.
Vassar Brothers Hospital	Poughkeepsie, N.Y.
Genesee Hospital	Rochester, N.Y.
Highland Hospital	Rochester, N.Y.
Rochester General Hospital	Rochester, N.Y.
St. Mary's Hospital	Rochester, N.Y.
Strong Memorial—Rochester Municipal Hospitals	Rochester, N.Y.
Ellis Hospital	Schenectady, N.Y.
St. Clare's Hospital	Schenectady, N.Y.
St. Vincent's Hospital	Staten Island, N.Y.
Staten Island Hospital	Staten Island, N.Y.
Hospital of the Good Shepherd	Syracuse, N.Y.
St. Joseph's Hospital	Syracuse, N.Y.
Syracuse Memorial Hospital	Syracuse, N.Y.
St. Mary's Hospital	Troy, N.Y.
Samaritan Hospital	Troy, N.Y.
Grasslands Hospital	Valhalla, N.Y.
St. Agnes Hospital	White Plains, N.Y.
White Plains Hospital	White Plains, N.Y.
St. John's Riverside Hospital	Yonkers, N.Y.
St. Joseph's Hospital	Yonkers, N.Y.
Yonkers General Hospital	Yonkers, N.Y.
Charlotte Memorial Hospital	Charlotte, N.C.
Mercy Hospital	Charlotte, N.C.
Lincoln Hospital	Durham, N.C.
Watts Hospital	Durham, N.C.
Rex Hospital	Raleigh, N.C.
St. Agnes Hospital	Raleigh, N.C.
James Walker Memorial Hospital	Wilmington, N.C.
City Memorial Hospital	Winston-Salem, N.C.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N.C.
St. John's Hospital	Fargo, N.D.
St. Luke's Hospital	Fargo, N.D.
Grand Forks Deaconess Hospital	Grand Forks, N.D.
City Hospital	Akron, Ohio
Peoples Hospital	Akron, Ohio
St. Thomas Hospital	Akron, Ohio
Aultman Hospital	Canton, Ohio
Mercy Hospital	Canton, Ohio
Bethesda Hospital	Cincinnati
Christ Hospital	Cincinnati
Cincinnati General Hospital	Cincinnati
Deaconess Hospital	Cincinnati
Good Samaritan Hospital	Cincinnati
Jewish Hospital	Cincinnati
St. Mary's Hospital	Cincinnati
City Hospital	Cleveland
Fairview Park Hospital	Cleveland
Lutheran Hospital	Cleveland
Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
St. John's Hospital	Cleveland
St. Luke's Hospital	Cleveland
St. Vincent Charity Hospital	Cleveland
Doctors Hospital	Cleveland Hghts., Ohio
Grant Hospital	Columbus, Ohio
Mount Carmel Hospital	Columbus, Ohio
Ohio State University Hospital	Columbus, Ohio
White Cross Hospital	Columbus, Ohio
Good Samaritan Hospital	Dayton, Ohio
Miami Valley Hospital	Dayton, Ohio
St. Elizabeth Hospital	Dayton, Ohio
Huron Road Hospital	East Cleveland, Ohio
Marymount Hospital	Garfield Heights, Ohio
Mercy Hospital	Hamilton, Ohio
Lakewood Hospital	Lakewood, Ohio
Lima Memorial Hospital	Lima, Ohio
St. Rita's Hospital	Lima, Ohio
Springfield City Hospital	Springfield, Ohio
Flower Hospital	Toledo
Maumee Valley Hospital	Toledo
Mercy Hospital	Toledo
Riverside Hospital	Toledo
St. Vincent's Hospital	Toledo
Toledo Hospital	Toledo
St. Elizabeth Hospital	Youngstown, Ohio
Youngstown Hospital	Youngstown, Ohio
Mercy Hospital	Oklahoma City
St. Anthony Hospital	Oklahoma City
University Hospitals	Oklahoma City
Wesley Hospital	Oklahoma City
Hillcrest Memorial Hospital	Tulsa, Ohio
St. John's Hospital	Tulsa, Ohio
Sacred Heart General Hospital	Eugene, Ore.
Emanuel Hospital	Portland, Ore.
Good Samaritan Hospital	Portland, Ore.
Portland Sanitarium and Hospital	Portland, Ore.
Providence Hospital	Portland, Ore.
St. Vincent's Hospital	Portland, Ore.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
Abington Memorial Hospital	Abington, Pa.
Allentown Hospital	Allentown, Pa.
Sacred Heart Hospital	Allentown, Pa.
Altoona Hospital	Altoona, Pa.
Mercy Hospital	Altoona, Pa.
St. Luke's Hospital	Bethlehem, Pa.
Bryn Mawr Hospital	Bryn Mawr, Pa.
Chester Hospital	Chester, Pa.
George F. Geisinger Memorial Hospital	Danville, Pa.
Fitzgerald Mercy Hospital	Darby, Pa.
Easton Hospital	Easton, Pa.
Hamot Hospital	Erie, Pa.
St. Vincent's Hospital	Erie, Pa.
Westmoreland Hospital	Greensburg, Pa.
Harrisburg Hospital	Harrisburg, Pa.
Harrisburg Polyclinic Hospital	Harrisburg, Pa.
Conemaugh Valley Memorial Hospital	Johnstown, Pa.
Nesbitt Memorial Hospital	Kingston, Pa.
Lancaster General Hospital	Lancaster, Pa.
St. Joseph's Hospital	Lancaster, Pa.
McKeesport Hospital	McKeesport, Pa.
Montgomery Hospital	Norristown, Pa.
Sacred Heart Hospital	Norristown, Pa.
Episcopal Hospital	Philadelphia
Frankford Hospital	Philadelphia
Germantown Dispensary and Hospital	Philadelphia
Graduate Hospital of the University of Pennsylvania	Philadelphia
Hahnemann Hospital	Philadelphia
Hospital of the University of Pennsylvania	Philadelphia
Hospital of the Woman's Medical College	Philadelphia
Jefferson Medical College Hospital	Philadelphia
Jewish Hospital	Philadelphia
Lankenau Hospital	Philadelphia
Memorial Hospital	Philadelphia
Mercy-Douglass Hospital	Philadelphia
Methodist Episcopal Hospital	Philadelphia
Misericordia Hospital	Philadelphia
Mount Sinai Hospital	Philadelphia
Nazareth Hospital	Philadelphia
Pennsylvania Hospital	Philadelphia
Philadelphia General Hospital	Philadelphia
Presbyterian Hospital	Philadelphia
St. Agnes Hospital	Philadelphia
St. Joseph's Hospital	Philadelphia
St. Luke's and Childrens Medical Center	Philadelphia
St. Mary's Hospital	Philadelphia
Temple University Hospital	Philadelphia
Woman's Hospital	Philadelphia
Allegheny General Hospital	Pittsburgh
Mercy Hospital	Pittsburgh
Montefiore Hospital	Pittsburgh
Pittsburgh Hospital	Pittsburgh
Presbyterian Hospital	Pittsburgh
St. Francis Hospital	Pittsburgh
St. John's General Hospital	Pittsburgh
St. Joseph's Hospital and Dispensary	Pittsburgh
St. Margaret Memorial Hospital	Pittsburgh
Shadyside Hospital	Pittsburgh
South Side Hospital	Pittsburgh
Western Pennsylvania Hospital	Pittsburgh
Community General Hospital	Reading, Pa.
Reading Hospital	Reading, Pa.
St. Joseph's Hospital	Reading, Pa.
Rochester General Hospital	Rochester, Pa.
Robert Packer Hospital	Sayre, Pa.
Moses Taylor Hospital	Scranton, Pa.
Scranton State Hospital	Scranton, Pa.
Sewickley Valley Hospital	Sewickley, Pa.
Uniontown Hospital	Uniontown, Pa.
Washington Hospital	Washington, Pa.
Mercy Hospital	Wilkes-Barre, Pa.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa.
Columbia Hospital	Wilkinsburg, Pa.
Williamsport Hospital	Williamsport, Pa.

V 14
1951

NONFEDERAL—Continued

York Hospital	York, Pa.
Memorial Hospital	Pawtucket, R.I.
Rhode Island Hospital	Providence, R.I.
Roger Williams General Hospital	Providence, R.I.
St. Joseph's Hospital	Providence, R.I.
Roper Hospital	Charleston, S.C.
Columbia Hospital	Columbia, S.C.
McLeod Infirmary	Florence, S.C.
Greenville General Hospital	Greenville, S.C.
Orangeburg Regional Hospital	Orangeburg, S.C.
Spartanburg General Hospital	Spartanburg, S.C.
McKennan Hospital	Sioux Falls, S.D.
Sioux Valley Hospital	Sioux Falls, S.D.
Sacred Heart Hospital	Yankton, S.D.
Baroness Erlanger Hospital	Chattanooga, Tenn.
East Tennessee Baptist Hospital	Knoxville, Tenn.
Fort Sanders Hospital	Knoxville, Tenn.
Knoxville General Hospital	Knoxville, Tenn.
St. Mary's Memorial Hospital	Knoxville, Tenn.
Baptist Memorial Hospital	Memphis
John Gaston Hospital	Memphis
Methodist Hospital	Memphis
St. Joseph Hospital	Memphis
George W. Hubbard Hospital of Meharry Medical College	Nashville, Tenn.
Mid-State Baptist Hospital	Nashville, Tenn.
Nashville General Hospital	Nashville, Tenn.
Brackenridge Hospital	Austin, Tex.
Memorial Hospital	Corpus Christi, Tex.
Baylor University Hospital	Dallas, Tex.
Methodist Hospital	Dallas, Tex.
St. Paul's Hospital	Dallas, Tex.
El Paso General Hospital	El Paso, Tex.
City Country Hospital	Fort Worth, Tex.
Harris Hospital	Fort Worth, Tex.
St. Joseph's Hospital	Fort Worth, Tex.
University of Texas Medical Branch Hospitals	Galveston, Tex.
Hermann Hospital	Houston, Tex.
Jefferson Davis Hospital	Houston, Tex.
Methodist Hospital	Houston, Tex.
St. Joseph's Infirmary	Houston, Tex.
Baptist Memorial Hospital	San Antonio, Tex.
Robert B. Green Memorial Hospital	San Antonio, Tex.
Santa Rosa Hospital	San Antonio, Tex.
Kings Daughters Hospital	Temple, Tex.
Scott and White Memorial Hospital	Temple, Tex.
Wichita Falls Clinic Hospital	Burlina Falls, Tex.
St. Benedict's Hospital	Ogden, Utah
Thomas D. Dee Memorial Hospital	Ogden, Utah
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City
Holy Cross Hospital	Salt Lake City
St. Mark's Hospital	Salt Lake City
Salt Lake County General Hospital	Salt Lake City
Bishop de Goesbriand Hospital	Burlington, Vt.
Mary Fletcher Hospital	Burlina Falls, Vt.
Alexandria Hospital	Alexandria, Va.
University of Virginia Hospital	Charlottesville, Va.
Lynchburg General Hospital	Lynchburg, Va.
Riverside Hospital	Newport News, Va.
De Paul Hospital	Norfolk, Va.
Norfolk General Hospital	Norfolk, Va.
Johnston Willis Hospital	Richmond, Va.
Medical College of Virginia—Hospital Division (Memorial, Dooley and St. Philip Hospitals)	Richmond, Va.
Stuart Circle Hospital	Richmond, Va.
Jefferson Hospital	Roanoke, Va.
Lewis Gale Hospital	Roanoke, Va.
Memorial and Crippled Childrens Hospital	Roanoke, Va.
Winchester Memorial Hospital	Winchester, Va.
Columbus Hospital	Seattle, Wash.
Doctors Hospital	Seattle, Wash.
King County Hospital Unit No. 1. (Harborview)	Seattle, Wash.
Providence Hospital	Seattle, Wash.
Seattle General Hospital	Seattle, Wash.
Swedish Hospital	Seattle, Wash.
Virginia Mason Hospital	Seattle, Wash.
Deaconess Hospital	Spokane, Wash.
Sacred Heart Hospital	Spokane, Wash.
Pierce County Hospital	Tacoma, Wash.
Bluefield Sanitarium	Bluefield, W. Va.
Charleston General Hospital	Charleston, W. Va.
Kanawha Valley Hospital	Charleston, W. Va.
St. Mary's Hospital	Huntington, W. Va.
Camden Clark Memorial Hospital	Parkersburg, W. Va.
St. Joseph's Hospital	Parkersburg, W. Va.
Ohio Valley General Hospital	Wheeling, W. Va.
Wheeling Hospital	Wheeling, W. Va.
Luther Hospital	Eau Claire, Wis.
St. Agnes Hospital	Fond du Lac, Wis.
Mercy Hospital	Janesville, Wis.
La Crosse Lutheran Hospital	La Crosse, Wis.
St. Francis Hospital	La Crosse, Wis.
Madison General Hospital	Madison, Wis.
Methodist Hospital	Madison, Wis.
St. Mary's Hospital	Madison, Wis.
State of Wisconsin General Hospital	Madison, Wis.
St. Joseph's Hospital	Marshfield, Wis.
Columbia Hospital	Milwaukee
Evangelical Deaconess Hospital	Milwaukee
Milwaukee County Hospital	Milwaukee
Milwaukee Hospital	Milwaukee
Misericordia Hospital	Milwaukee
Mount Sinai Hospital	Milwaukee
St. Joseph Hospital	Milwaukee
St. Luke's Hospital	Milwaukee
St. Mary's Hospital	Milwaukee
St. Michael Hospital	Milwaukee
Mercy Hospital	Oshkosh, Wis.
St. Mary's Hospital	Racine, Wis.
St. Mary's Hospital	Wausau, Wis.
Kuakini Hospital and Home	Honolulu, T.H.
Queen's Hospital	Honolulu, T.H.
St. Francis Hospital	Honolulu, T.H.
Bayamon District Hospital	Bayamon, P.R.
Fajardo District Hospital	Fajardo, P.R.
Clinica Quirurgica Dr. Pila	Ponce, P.R.
Presbyterian Hospital	San Juan, P.R.
San Juan City Hospital	San Juan, P.R.

MIXED

Number of Approved Programs, 24

Jefferson-Hillman Hospital, Birmingham, Ala.; Medical, Surgical
St. Vincent's Hospital, Los Angeles; Medical, Surgical, Obstetric.
Ochsner Foundation Hospital, New Orleans; Medical.
Faulkner Hospital, Boston.
Jersey City Hospital, Jersey City, N.J.
Jewish Hospital, Brooklyn.
Kings County Hospital, Brooklyn.
Bellevue Hospital, Div. I., Columbia University, New York City; Medical, Surgical, Pathologic, Chest.
Bellevue Hospital, Div. II, Cornell University, New York City; Medical, Pathologic.
Bellevue Hospital, Div. III, New York University, New York City; Medical, Surgical, Pediatric, Ob.-Gyn., Psychiatric, Neurologic, Phys. Med. and Rehab.
Goldwater Memorial Hospital, New York City; Medical, Surgical, Neurological.
Montefiore Hospital for Chronic Diseases, New York City; Medical, Surgical, Gynecologic.
Roosevelt Hospital, New York City; Medical, Surgical.
St. Luke's Hospital, New York City; Medical, Surgical.
Staten Island Hospital, Staten Island, N.Y.
General Hospital, Syracuse, N.Y.
Watts Hospital, Durham, N.C.
Cincinnati General Hospital, Cincinnati; Medical, Surgical, Ob.-Gyn., Pediatric.
Glenville Hospital, Cleveland.
Newport Hospital, Newport, R.I.; Medical, Surgical, Obst.
Baroness Erlander Hospital, Chattanooga, Tenn.
Parkland Hospital, Dallas, Tex.; Medical, Surgical.
Salt Lake County General Hospital, Salt Lake City; Medical, Pediatric.
Theda Clark Memorial Hospital, Neenah, Wis.

STRAIGHT

Number of Approved Programs, 234

INTERNAL MEDICINE

Freedmen's Hospital	Washington, D. C.
Veterans Admin. Hospital	Los Angeles, Calif.
Veterans Admin. Hospital	Newington, Conn.
Veterans Admin. Hospital	Chamblee, Ga.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	McKinney, Texas
Veterans Admin. Hospital	Salt Lake City, Utah
Veterans Admin. Hospital	Richmond, Va.
Jefferson-Hillman Hospital	Birmingham, Ala.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital New Haven Unit (University Service)	New Haven, Conn.
Georgetown University Hospital	Washington, D. C.
George Washington University Hospital	Washington, D. C.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga.
Mount Sinai Hospital	Chicago
University of Chicago Clinics	Chicago
Louisville General Hospital	Louisville, Ky.
Baltimore City Hospital	Baltimore
Church Home and Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospital	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Providence Hospital	Detroit
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
Jersey City Hospital	Jersey City, N. J.
Albany Hospital	Albany, N. Y.
Beth El Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N. Y.
Mary Imogene Bassett Hospital	Cooperstown, N. Y.
Mary Immaculate Hospital	Jamaica, N. Y.
Bellevue Hospital, Div. I—Columbia University	New York City
Bellevue Hospital, Div. II—Cornell University	New York City
Bellevue Hospital, Div. III—New York University	New York City
Bellevue Hospital, Div. IV—New York University	New York City
Bronx Hospital	New York City
Flower and Fifth Avenue Hospitals	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Vincent's Hospital	New York City
University Hospital	New York City

INTERNAL MEDICINE—Continued

Genesee Hospital	Rochester, N. Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
Duke Hospital	Durham, N. C.
Watts Hospital	Durham, N. C.
*North Carolina Baptist Hospital	Winston-Salem, N. C.
*Mount Sinai Hospital	Cleveland
University Hospitals	Cleveland
*Ohio State University Hospital	Columbus, Ohio
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Texas
Methodist Hospital	Dallas, Texas
Parkland Hospital	Dallas, Texas
St. Paul's Hospital	Dallas, Texas
University of Virginia Hospital	Charlottesville, Va.
Kings County Hospital, Unit No. I (Harborview)	Seattle, Wash.

OBSTETRICS—GYNECOLOGY

Freedmen's Hospital	Washington, D. C.
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Johns Hopkins Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospitals	Boston
University of Minnesota Hospitals	Minneapolis
St. Louis City Hospital	St. Louis
‡Beth El Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
Bronx Hospital	New York City
New York Hospital	New York City
Genesee Hospital	Rochester, N. Y.
‡Strong Memorial-Rochester Municipal Hospitals	Rochester, N. Y.
Duke Hospital	Durham, N. C.
‡Watts Hospital	Durham, N. C.
North Carolina Baptist Hospital	Winston-Salem, N. C.
*Mount Sinai Hospital	Cleveland
*Ohio State University Hospital	Columbus, Ohio
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.

PATHOLOGY

Veterans Admin. Hospital	Newington, Conn.
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
Baltimore City Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Boston City Hospital	Boston
Children's Hospital Medical Center	Boston
Massachusetts Memorial Hospital	Boston
Peter Bent Brigham Hospital	Boston
Providence Hospital	Detroit
Barnes Hospital	St. Louis
West Jersey Hospital	Camden, N.J.
Jersey City Hospital	Jersey City, N.J.
Kings County Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Queens General Hospital	Jamaica, N.Y.
Montefiore Hospital for Chronic Diseases	New York City
New York City Hospital	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
Strong Memorial-Rochester Municipal Hospitals	Rochester, N.Y.
Duke Hospital	Durham, N.C.
Vanderbilt University Hospital	Nashville, Tenn.
Parkland Hospital	Dallas, Tex.

PEDIATRICS

Children's Hospital	Los Angeles
Stanford University Hospitals	San Francisco
University of California Hospital	San Francisco
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
Grady Memorial Hospital	Atlanta
University of Chicago Clinics	Chicago
Louisville General Hospital	Louisville, Ky.
Baltimore City Hospital	Baltimore
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Providence Hospital	Detroit
University of Minnesota Hospitals	Minneapolis
St. Louis City Hospital	St. Louis
Jersey City Hospital	Jersey City, N.J.
Beth El Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Jewish Hospital	Brooklyn
‖Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Bellevue Hospital, Div. III, New York University	New York City
New York Hospital	New York City
Genesee Hospital	Rochester, N.Y.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N.Y.
Duke Hospital	Durham, N.C.
Watts Hospital	Durham, N.C.
North Carolina Baptist Hospital	Winston-Salem, N.C.
University Hospitals	Cleveland
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Milwaukee Children's Hospital	Milwaukee, Wis.

* Second year.
‡ Obstetrics only.

SURGERY

Freedmen's Hospital	Washington, D.C.
Veterans Admin. Hospital	Los Angeles
Veterans Admin. Hospital	Newington, Conn.
Veterans Admin. Hospital	Nashville, Tenn.
Veterans Admin. Hospital	McKinney, Tex.
Veterans Admin. Hospital	Salt Lake City, Utah
Veterans Admin. Hospital	Richmond, Va.
Jefferson-Hillman Hospital	Birmingham, Ala.
Stanford University Hospitals	San Francisco
University of California Hospitals	San Francisco
Grace-New Haven Community Hospital	
New Haven Unit (University Service)	New Haven, Conn.
George Washington University Hospital	Washington, D.C.
Grady Memorial Hospital	Atlanta
Emory University Hospital	Emory University, Ga
Mount Sinai Hospital	Chicago
University of Chicago Clinics	Chicago
Johns Hopkins Hospital	Baltimore
Sinai Hospital	Baltimore
Beth Israel Hospital	Boston
Boston City Hospital	Boston
Massachusetts General Hospital	Boston
Massachusetts Memorial Hospital	Boston
New England Center Hospital	Boston
Peter Bent Brigham Hospital	Boston
Providence Hospital	Detroit
University of Minnesota Hospitals	Minneapolis
Barnes Hospital	St. Louis
St. Louis City Hospital	St. Louis
Jersey City Hospital	Jersey City, N.J.
Albany Hospital	Albany, N.Y.
Beth El Hospital	Brooklyn
Cumberland Hospital	Brooklyn
Jewish Hospital	Brooklyn
Kings County Hospital	Brooklyn
Long Island College Hospital	Brooklyn
Maimonides Hospital	Brooklyn
Methodist Hospital	Brooklyn
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn
St. Catherine's Hospital	Brooklyn
St. John's Episcopal Hospital	Brooklyn
Buffalo General Hospital	Buffalo, N.Y.
Mary Imogene Bassett Hospital	Cooperstown, N.Y.
Mary Immaculate Hospital	Jamaica, N.Y.
Queens General Hospital	Jamaica, N.Y.
Bellevue Hospital, Div. I, Columbia University	New York City
Bellevue Hospital, Div. II, Cornell University	New York City
Bellevue Hospital, Div. III, New York University	New York City
Bellevue Hospital, Div. IV, New York University	New York City
Bronx Hospital	New York City
Flower and Fifth Avenue Hospitals	New York City
Hospital for Joint Diseases	New York City
New York Hospital	New York City
Presbyterian Hospital	New York City
St. Vincent's Hospital	New York City
Genesee Hospital	Rochester, N.Y.
Highland Hospital	Rochester, N.Y.
Duke Hospital	Durham, N.C.
Watts Hospital	Durham, N.C.
North Carolina Baptist Hospital	Winston-Salem, N.C
St. Mary's Hospital	Cincinnati
*Mount Sinai Hospital	Cleveland
St. Alexis Hospital	Cleveland
University Hospitals	Cleveland
*Ohio State University Hospital	Columbus, Ohio
Nashville General Hospital	Nashville, Tenn.
St. Thomas Hospital	Nashville, Tenn.
Vanderbilt University Hospital	Nashville, Tenn.
Baylor University Hospital	Dallas, Tex.
St. Paul's Hospital	Dallas, Tex.
Salt Lake County General Hospital	Salt Lake City
University of Virginia Hospital	Charlottesville, Va.

SPECIAL

Number of Approved Programs, 31

St. Mary's Hospital, San Francisco, Calif.; Medical, Surgical, Pediatric, Ob.-Gyn.
St. Bernard's Hospital, Chicago, Ill.; Surgical.
St. Joseph's Hospital, Chicago, Ill.; Medical, Surgical, Pediatric, Ob.-Gyn.
University of Chicago Clinics, Chicago, Ill.; Medical, Surgical.
St. Joseph Hospital, Lexington, Ky.; Medical, Surgical, Ob.-Gyn.
Kentucky Baptist Hospital, Louisville, Ky.; Medical, Surgical, Pediatric, Ob.-Gyn.
Mercy Hospital, Baltimore, Md.; Medical, Surgical, Pediatric, Ob.-Gyn.
Evangelical Deaconess Hospital, Detroit, Mich.; Medical, Surgical, Ob.-Gyn.
Henry Ford Hospital, Detroit, Mich.; Medical, Surgical.
Mt. Carmel Mercy Hospital, Detroit, Mich.; Medical, Surgical, Ob.-Gyn.
St. Barnabas Hospital, Minneapolis, Minn.; Medical, Surgical, Pediatric, Ob.-Gyn.
Charles T. Miller Hospital, St. Paul, Minn.; Medical, Surgical, Pediatric, Ob.-Gyn.
Brooklyn Hospital, Brooklyn, N.Y.; Medical, Surgical, Ob.-Gyn.
Kings County Hospital, Brooklyn, N.Y.; Medical, Surgical.
Long Island College Hospital, Brooklyn, N.Y.; Medical, Surgical.
Methodist Hospital, Brooklyn, N.Y.; Medical, Surgical.
Mary Imogene Bassett Hospital, Cooperstown, N.Y.; Medical, Surgical, Ob.-Gyn.
Meadowbrook Hospital, Hempstead, N.Y.; Medical, Surgical.
Bellevue Hospital, Div. I, New York City; Medical, Surgical, Chest Diseases, Pathological.
Bellevue Hospital, Div. II, New York City; Medical, Pathological.
Bellevue Hospital, Div. III, New York City; Medical, Surgical, Psychiatric, Neurologic, Ob.-Gyn., Phy. Med. and Rehab.
Beth David Hospital, New York City; Medical, Surgical, Ob.-Gyn., Pediatric.
Fordham Hospital, New York City; Medical, Surgical, Ob.-Gyn., Pediatric.
Knickerbocker Hospital, New York City; Medical, Surgical.
Presbyterian Hospital, New York City; Medical, Surgical.
Crouse-Irving Hospital, Syracuse, N.Y.; Medical, Pediatric.
Hospital of the Good Shepherd, Syracuse, N.Y.; Medical, Surgical, Pediatric, Psychiatric.
Duke Hospital, Durham, N.C.; Pediatric, Ob.-Gyn.
Thomas D. Dee Memorial Hospital, Ogden, Utah; Medical, Surgical Ob.-Gyn., Pediatric.
St. Luke's Hospital, Spokane, Wash.; Medical, Surgical, Ob.-Gyn., Pediatric, Laboratory, X-Ray.
St. Joseph's Hospital, Tacoma, Wash.; Medical, Surgical, Ob.-Gyn., Pediatric.

V 14
1951

APPROVED RESIDENCIES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to September 1, 1951

Hospitals, 1,120; Assistant Residencies, Residencies and Fellowships, 19,852

The following services are approved by the Council on Medical Education and Hospitals as meeting the requirements of the Essentials of Approved Residencies and Fellowships. In those specialties in which certifying boards have been established approval is extended in concurrence with the Board concerned. The number of years of training for which approval has been granted is indicated in the column, "Length of Approved Program (years)." Residencies in which this designation does not appear have been approved without specifying the number of years for which they are accredited.

The (*) indicates hospitals approved for intern training. The numeral (1) is used to designate services, appointments to which are open to women. The (†) represents temporary approval, pending formal inspection, in accordance with the plan announced in THE JOURNAL, March 2, 1946, p. 586. Granting of approval on this basis has been terminated by action of the Council and the Advisory Board for Medical Specialties. Hospitals temporarily approved prior to this action currently are being inspected to determine whether or not approval should be continued and, if so, the number of years of training for which they will be accredited. The beginning stipends for federal hospitals have not been listed; they are established in accordance with government pay tables.

INDEX TO LIST

1. Allergy 405
2. Anesthesiology 405
3. Cardiovascular Disease 408
4. Contagious Diseases 408
5. Dermatology and Syphilology 408
6. Gastroenterology 409
7. General Practice 410
8. Internal Medicine 411
9. Malignant Diseases 417
10. Neurological Surgery 417
11. Neurology 419
12. Obstetrics-Gynecology 420
13. Occupational Medicine 424
14. Ophthalmology 424
15. Orthopedic Surgery 426
16. Otolaryngology 431
17. Pathology 433
18. Pediatrics 437
19. Physical Med. and Rehab. 440
20. Plastic Surgery 441
21. Preventive Med. and Public Health 442
22. Proctology 442
23. Psychiatry 443
24. Pulmonary Diseases 445
25. Radiology 447
26. Surgery 451
27. Thoracic Surgery 458
28. Urology 459

1. ALLERGY

The following services have been approved by the Council and the Subspecialty Board for Allergy of the American Board of Internal Medicine.

Hospitals, 12 Assistant Residencies and Residencies, 18

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
VETERANS ADMINISTRATION							
Veterans Admin. Hospital [1]	Aspinwall, Pa.	L. H. Criep	210	16,130	2	2	...
NONFEDERAL							
Northwestern University Medical Center [1]	Chicago	S. Feinberg	20	5,250	2	2	225
University Hospital*	Ann Arbor, Mich.	J. Sheldon	...	9,631	1	1	124.16
Jewish Hospital*[1]	Brooklyn	M. Walzer	17	10,735	1	2	65
New York Hospital*[1]	New York City	H. Baldwin	...	11,194	1	1	25
Roosevelt Hospital*[1]	New York City	R. A. Cooke	237	35,838	..	4	...
University Hospital*	New York City	W. C. Spain	50	10,600	1	1	250
Duke Hospital*[1]	Durham, N.C.		..	..	..	..	..
Montefiore Hospital*[1]	Pittsburgh	L. H. Criep	..	12,450	2	2	50
University of Virginia Hospital*[1]	Charlottesville, Va.	O. Swineford, Jr.	..	1,011	0	3	100
Medical College of Virginia—Hospital Division*	Richmond, Va.	W. B. Blanton	..	4,634	0	1	46.50
Milwaukee County Hospital*[1]	Milwaukee, Wis.		200	3,106	0	1	50

2. ANESTHESIOLOGY

The following services are approved by the Council and the American Board of Anesthesiology. This approval is considered effective through July 1, 1953 unless previously terminated. After July 1, 1953 approval will be continued only in those hospitals offering a satisfactory program of at least two years in duration. Prior to that date, all services presently approved will be reviewed in collaboration with the American Board of Anesthesiology to determine whether or not they meet requirements for full, two year approval.

Hospitals, 197 Assistant Residencies and Residencies, 754

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY								
Letterman Army Hospital*	San Francisco	R. R. Jones	6,615	3,763	..	..	2	...
Fitzsimons Army Hospital*	Denver	J. F. Kellogg, Jr.	5,270	2,971	0	1	2	...
Army Medical Center*[27]	Washington, D.C.	C. H. Mitchell	8,590	5,509	1	3	2	...
Brooke Army Medical Center*[28]	San Antonio, Texas	F. C. Dye	16,652	5,625	..	..	2	...
UNITED STATES NAVY								
U. S. Naval Hospital*	Oakland, Calif.	F. M. Thornburg	10,767	1,728	0	2	2	...
U. S. Naval Hospital*[1]	Bethesda, Md.	D. J. Giorgio	3,439	2,203	2	4	2	...
U. S. Naval Hospital*[1]	Chelsea, Mass.	E. Martin, Jr	3,198	398	1	2	2	...
U. S. Naval Hospital*[1]	St. Albans, N.Y.	J. G. Kurfees	5,432	196	..	..	2	...
U. S. Naval Hospital*	Philadelphia	S. Whitehouse	5,010	596	..	..	2	...

Numerical and other references will be found on page 462.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered[4]	Total Residencies Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES PUBLIC HEALTH SERVICE								
U. S. Public Health Service Hospital[*1,7]	Staten Island, N Y	C. L. Hebert	6,867	1,561	1	2	2	...
VETERANS ADMINISTRATION								
Veterans Admin. Hospital[*1]	Los Angeles	N. H. Rupp	6,448	533	5	9	2	...
Veterans Admin. Hospital [1]	San Francisco	A. G. Chimiklis	2,487	850	3	4	2	...
Veterans Admin. Hospital [1]	Fort Logan, Colo	F. Brown	1,715	392	1	2	2	...
Veterans Admin. Hospital [1]	Washington, D.C.	L. M. Jones	1,927	601	0	2	2	...
Veterans Admin. Hospital [1]	Hines, Ill.	M. S. Sadove	8,786	1,821	0	12	2	...
Veterans Admin. Hospital [1]	Des Moines, Iowa	J. L. Bailey	3,473	841	0	7	2	...
Veterans Admin. Hospital [1]	Wadsworth, Kans.	R. S. McKee	3,413	523	1	2	2	...
Veterans Admin. Hospital [1]	Framingham, Mass.	D. H Harwood	4,557	367	1	2	2	...
Veterans Admin. Hospital [1]	Dearborn, Mich.	F. E. Greifenstein	5,387	523	0	3	2	...
Veterans Admin. Hospital [1]	Minneapolis, Minn.	R. T. Knight	4,102	1,579	10	10	2	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	H. W. Crouch	3,912	924	2	4	1	...
Veterans Admin. Hospital [1]	Lincoln, Nebr.	F. Cole	1,826	138	1	1	1	...
Veterans Admin. Hospital [1]	Brooklyn	S. N. Surk	2,542	472	2	4	2	...
Veterans Admin. Hospital [1]	Buffalo	S. I. Guest	2,007	597	0	3	2	...
Veterans Admin. Hospital [1]	New York City	E. A. Rovenstine	6,555	2,122	4	8	2	...
Veterans Admin. Hospital	Dayton, Ohio	C. R. Dubiel	4,045	729	2	2	1	...
Veterans Admin. Hospital	Portland, Ore.	F. P. Haugen	2,624	925	..	2	2	...
Veterans Admin. Hospital	Memphis	R. Popper	5,476	1,416	1	2	1	...
Veterans Admin. Hospital[*1]	McKinney, Texas	F. A. D. Alexander	1,578	548	1	2	2	...
Veterans Admin. Hospital [1]	White River Jct., Vt.	R. E. Lapointe	1,748	358	1	2	2	...
Veterans Admin. Hospital[*]	Richmond, Va.	C. G. Lynch	3,366	1,037	2	4	2	...
Veterans Admin. Hospital [1]	Milwaukee, Wis.	R. Foregger and R. A Tella	2,774	604	5	5	2	...
NONFEDERAL								
Jefferson-Hillman Hospital[*1]	Birmingham, Ala.	A. McNeal	8,573	1,109	..	1	2	50
Lloyd Noland Hospital[*]	Fairfield, Ala.	A. Habeeb	3,719	2,335	1	2	2	225
Herrick Memorial Hospital[*W]	Berkeley, Calif.	R. H. Johnson	7,417	994	1	1	1	100
Los Angeles County Hospital[*1]	Los Angeles	C. W. McCuskey	14,073	3,824	12	12	2	165
White Memorial Hospital[*1]	Los Angeles	F. E. Leffingwell	5,003	700	2	5	2	120
Samuel Merritt Hospital	Oakland, Calif.	B. M. Anderson	4,902	3,479	2	2	2	100
Children's Hospital[*1]	San Francisco	H. D. Lapp	3,074	2,350	1	2	2	50
Franklin Hospital[*1]	San Francisco	J. L. Cardwell	5,651	4,811	1	2	2	100
French Hospital[*1]	San Francisco	M. Skaggs	3,491	1,297	1	1	2	150
St. Joseph's Hospital[*1]	San Francisco	C. Wykoff	4,313	1,306	1	2	2	100
Stanford University Hospitals[*1]	San Francisco	R. W. Churchill	6,285	3,337	2	4	2	50
University of California Hospital[*1]	San Francisco	F. J. Murphy	5,777	4,483	..	6	2	75
University of Colorado Medical Center Colorado General Hospital[*1]	Denver, Colo.	R. W. Virute	4,662	1,724	2	3	2	75
Denver General Hospital[*1]	Denver, Colo.	R. W. Virute	3,076	1,662	1	1	2	75
Bridgeport Hospital[*1]	Bridgeport, Conn.	D. M. Massey	5,859	2,414	1	1	2	100
Hartford Hospital[*1,29,30]	Hartford, Conn.	R. M. Tovell	31,794	14,319	15	25	2	50
St. Francis Hospital[*1]	Hartford, Conn.	S. J. Martin	12,817	5,143	5	10	2	75
Grace-New Haven Community Hospital[*1] New Haven Unit (University Service)	New Haven, Conn.	L. J. Hampton	6,491	3,326	3	6	2	40
Hospital of St. Raphael[*1]	New Haven, Conn.	M. L. Garofolo	9,300	3,554	2	2	2	100
St. Mary's Hospital[*1]	Waterbury, Conn.	W. Grillo	6,603	3,787	1	2	1	150
Memorial Hospital	Wilmington, Del.	R. F. Allen	3,380	1,628	1	1	2	125
Doctors Hospital[*1]	Washington, D.C.	C. W. Hyde	7,964	5,598	1	2	2	100
Gallinger Municipal Hospital[*1]	Washington, D.C.	E. B. Tuohy	11,584	7,100	3	5	2	100
†Garfield Memorial Hospital[*1]	Washington, D.C.	W. E. Bageant	4,215	443	2	2	2	75
Georgetown University Hospital[*1]	Washington, D.C.	E. B. Tuohy	6,613	4,298	5	10	2	25
George Washington University Hospital[*1]	Washington, D.C.	C. Coakley	9,367	3,580	3	9	2	130
Riverside Hospital [1]	Jacksonville, Fla.	J. T. Sage	868	630	1	1	2	150
University Hospital[*1]	Augusta, Ga.	P. P. Volpitto	6,733	5,043	3	5	2	40
American Hospital[*1]	Chicago	Z. Harris	2,870	1,508	..	6	2	80
Cook County Hospital[*1]	Chicago	H. E. Kretchmer	15,346	11,982	..	2	2	32
Grant Hospital[*1]	Chicago	J. Ottenheimer	4,631	3,420	1	2	2	150
Michael Reese Hospital[*1]	Chicago	B. Stodsky	9,192	5,683	2	4	2	50
Mount Sinai Hospital[*1]	Chicago	R. Weyl	5,489	4,159	1	2	2	50
Northwestern University Medical Center Wesley Memorial Hospital[*1,80]	Chicago	M. Karp	8,974	7,623	2	6	2	50
Presbyterian Hospital[*1]	Chicago	C. D. Anderson	10,530	4,126	2	4	2	50
Research and Educational Hospitals[*1]	Chicago	M. Sadove	4,536	2,575	2	6	2	55
St. Luke's Hospital[*1]	Chicago	W. A. Conroy	6,437		3	5	2	25
University of Chicago Clinics[*1]	Chicago	H. Livingstone	10,210	6,508	5	11	2	50
Evanston Hospital[*1]	Evanston, Ill.	J. E. Remlinger	5,687	2,092	2	4	2	200
St. Joseph's Hospital[*]	Joliet, Ill.	L. D. Ruttle	7,559	2,716	1	2	2	100
Indianapolis General Hospital[*1]	Indianapolis	L. J. Mueller	13,615	3,370	2	3	2	100
Indiana University Medical Center[*1]	Indianapolis	V. K. Stoelting	8,656	2,662	4	8	2	150
Methodist Hospital[*1]	Indianapolis	J. M. Whitehead	16,111	15,040	3	6	2	260
Memorial Hospital[*]	South Bend, Ind.	R. Rosenheimer	5,735	4,897	1	1	2	250
University Hospitals[*1]	Iowa City	S. Cullen	7,817	6,245	5	8	2	50
University of Kansas Medical Center[*1]	Kansas City, Kans.	P. H. Lorhan	5,464	3,926	3	6	2	100
St. Joseph Hospital[*1]	Lexington, Ky.	W. G. Sergent	7,611	2,431	1	2	2	200
Louisville General Hospital[*1]	Louisville, Ky.	R. P. Bergner	6,000	4,000	2	4	2	45
Charity Hospital of Louisiana[*1]	New Orleans	J. Adriani	20,933	9,847	5	10	2	25
Ochsner Foundation Hospital[*1]	New Orleans	G. B. Grant	3,708	1,652	2	4	2	125
Touro Infirmary[*1]	New Orleans	W. Baker	7,929	3,695	1	2	2	17
Eastern Maine General Hospital[*1]	Bangor, Me.	C. S. Dwyer	5,439	4,010	1	1	2	100
Central Maine General Hospital[*1]	Lewiston, Me.	G. Clapperton	3,722	1,964	1	2	2	100
Maine General Hospital[*1]	Portland, Me.	J. R. Lincoln	6,053	3,920	4	8	2	100
†University Hospital[*1]	Baltimore	A. T. Nelson	7,942	1,736	2	5	2	150
Boston City Hospital[*1]	Boston	S. C. Wiggin	36,948	8,805	.	12	2	140
Lahey Clinic [1]	Boston	U. H. Eversole	15,461	5,960	5	9	2	150
Massachusetts General Hospital[*1]	Boston	H. K. Beecher	18,955	8,406	8	13	2	41.66
Massachusetts Memorial Hospital[*1]	Boston	J. G. Arrowood	3,808	2,437	2	5	2	75
New England Center Hospital[*1]	Boston	R. E. Eteten	1,640	916	..	3	2	75
New England Hospital[*1]	Boston	E. Bartlett	3,448	1,963	2	2	2	50
Peter Bent Brigham Hospital[*]	Boston	W. S. Derrick	3,191	2,109	1	1	2	41.66
St. Elizabeth's Hospital[*1]	Boston	L. Zentgraf	7,001	3,015	2	2	2	125
Cambridge City Hospital[*1]	Cambridge, Mass.	D. R. Branch	3,786	1,965	1	1	2	125
Mount Auburn Hospital[*1]	Cambridge, Mass.	J. H. Buskirk	5,243	2,461	1	2	2	125
Newton Wellesley Hospital[*1]	Newton Lower Falls, Mass.	R. S. Hunt	5,002	3,021	1	2	2	100

Numerical and other references will be found on page 462.

V 14
1951

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Anesthetics	Inhalation Anesthetics	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Springfield Hospital*[1]	Springfield, Mass.	H. L. Strachan	12,448	1,833	1	1	1	100
Memorial Hospital*[1]	Worcester, Mass.	C. B. Hinds, Jr.	7,768	2,843	1	1	2	125
St. Vincent Hospital*	Worcester, Mass.	W. J. Martin	5,858	2,973	2	4	2	58.33
City of Detroit Receiving Hospital*[1]	Detroit	F. Greifenstein	6,814	1,773	2	8	2	217
Providence Hospital*[1]	Detroit	N. M. Bittrich	6,960	2,034	1	2	2	...
Butterworth Hospital*[1]	Grand Rapids, Mich.	M. L. Byrd	5,845	1,637	1	3	2	125
University of Minnesota Hospital*[1, 31]	Minneapolis	R. Knight	6,103	5,221	4	12	2	...
Mayo Foundation	Rochester	J. S. Lundy	...	...	4	14	2	135
Research Hospital*[1]	Kansas City, Mo.	M. C. Peterson	9,101	4,233	1	2	2	150
St. John's Hospital*	St. Louis	S. Brown	7,120	1,880	...	...	2	200
St. Mary's Group of Hospitals*[1]	St. Louis	J. McNearney	7,236	3,543	1	3	2	35
University of Nebraska Hospital*[1]	Omaha, Nebr.	H. H. Davis	2,426	1,177	1	2	2	125
Mary Hitchcock Memorial Hospital*[1]	Hanover, N. H.	R. H. Barrett	4,711	1,870	1	3	2	163
West Jersey Hospital*[1]	Camden, N. J.	E. K. Hultzman	4,543	...	1	3	2	125
St. Joseph Hospital*[1]	Paterson, N. J.	H. G. Walker	5,313	3,813	2	2	2	150
Albany Hospital*[1]	Albany, N.Y.	M. H. Harmel	7,233	...	4	8	2	50
Beth El Hospital*[1]	Brooklyn	A. C. Goldfeder	5,221	2,013	1	2	2	100
Cumberland Hospital*[1]	Brooklyn	I. M. Pallin	2,131	1,265	2	2	1	80
Jewish Hospital*[1]	Brooklyn	I. M. Pallin	7,304	3,793	4	6	2	100
Maimonides Hospital*[1]	Brooklyn	L. Holzmann	6,470	3,976	1	3	1	75
Methodist Hospital*[1]	Brooklyn	R. Waelsch	6,874	3,077	1	1	1	25
St. Catherine's Hospital*[1]	Brooklyn	F. P. Ansbro	3,823	1,753	2	2	2	100
Unity Hospital*[1]	Brooklyn	B. A. Greene	4,519	1,092	1	1	1	100
Buffalo General Hospital*	Buffalo	C. J. Durshordwe	11,141	1,120	3	3	2	25
Edward J. Meyer Memorial Hospital*[1]	Buffalo	P. W. Searles	3,115	1,376	2	5	2	100
Millard Fillmore Hospital*[1]	Buffalo	D. Babbage	10,751	8,590	1	2	2	50
Flushing Hospital and Dispensary*[1]	Flushing, N.Y.	E. Apogi	7,531	6,371	1	2	2	100
Mary Immaculate Hospital*	Jamaica, N.Y.	G. Frank	5,272	3,872	1	1	1	110
Bellevue and Associated Hospitals	New York City	E. A. Rovenstine	15,500	9,600	7	17	2	100
Beth Israel Hospital*[1]	New York City	S. G. Hershey	5,515	2,555	1	3	2	50
Flower and Fifth Avenue Hospitals*[1]	New York City	D. E. Brace	8,173	5,113	2	2	2	...
Goldwater Memorial Hospital*[1]	New York City	E. A. Rovenstine	831	354	..	2	2	175
Hospital for Joint Diseases*[1]	New York City	A. M. Betcher	3,684	2,483	1	3	2	40
Hospital for Special Surgery	New York City	C. Burstein	2,447	1,969	1	1	1	160
Lenox Hill Hospital*	New York City	M. Frick	7,894	5,153	1	2	2	50
Memorial Hospital	New York City	O. Schweizer	5,907	5,638	2	4	1	300
Montefiore Hospital for Chronic Diseases*[1]	New York City	P. A. Lief	2,253	834	1	1	1	60
Mount Sinai Hospital*[1]	New York City	M. H. Adelman	9,007	5,100	5	5	2	50
New York City Hospital*[1]	New York City	D. Bizzarri	2,094	1,166	3	3	1	229.16
New York Hospital*[1]	New York City	J. Artusio	9,590	7,032	2	4	2	25
New York Polyclinic Medical School and Hospital*[1]	New York City	S. Resnick	6,088	4,650	2	4	2	100
Presbyterian Hospital*[1]	New York City	E. M. Papper	14,049	8,049	12	26	2	208
St. Clare's Hospital*	New York City	R. A. Rose	7,029	2,250	1	1	2	25
St. Luke's Hospital*[1]	New York City	G. E. Burford	4,399	1,520	1	3	2	60
St. Vincent's Hospital*[1]	New York City	V. J. Collins	4,365	6,752	3	3	2	100
Sydenham Hospital*[1]	New York City	M. C. Fischman	2,012	972	1	1	1	...
University Hospital*[1]	New York City	E. A. Rovenstine	5,914	5,098	1	3	2	80
Genesee Hospital*[1]	Rochester, N.Y.	K. S. Smith	4,037	927	1	1	1	83.33
Rochester General Hospital*[1]	Rochester, N.Y.	V. J. Coviello	5,620	6,545	1	2	2	55
St. Mary's Hospital*[1]	Rochester, N.Y.	D. Bianchi	8,219	5,526	1	3	2	125
Ellis Hospital*[1]	Schenectady, N.Y.	H. A. Snell	7,185	4,735	1	1	2	125
State University Medical Center Hospitals*[59]	Syracuse, N.Y.	E. J. Delmonico	7,775	2,714	1	2	2	125
Grasslands Hospital*[37]	Valhalla, N.Y.	H. F. Bishop	1,307	577	1	2	2	125
Duke Hospital*[1]	Durham, N.C.	R. Stephan	11,610	7,391	3	4	2	100
†Mercy Hospital*[1]	Canton, Ohio	E. C. Reno	4,937	2,142	1	2	2	125
Cleveland Clinic Hospital[1]	Cleveland	D. E. Hale	8,085	1,539	2	8	2	...
Mount Sinai Hospital*[1]	Cleveland	S. Katz	7,429	...	1	2	2	160
St. Luke's Hospital*[1]	Cleveland	B. B. Sankey	12,670	5,468	3	4	2	100
Ohio State University Hospital*[1]	Columbus, Ohio	J. J. Jacoby	7,208	4,891	2	4	2	50
Huron Road Hospital*[1]	East Cleveland, Ohio	R. J. Whitacre	9,030	5,313	3	6	2	150
Marymount Hospital*	Garfield Heights, Ohio	N. G. DePiero	...	...	1	1	1	100
Maumee Valley Hospital*	Toledo, Ohio	E. J. Purchla	1,329	544	2	2	1	125
Youngstown Hospital*[2]	Youngstown, Ohio	A. J. Fisher	14,122	6,532	1	2	2	75
University Hospital*[1]	Oklahoma City, Okla.	H. A. Bennett	4,648	3,515	6	6	2	50
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	F. P. Haugen	11,731	3,293	2	4	2	85
Abington Memorial Hospital*[1]	Abington, Pa.	R. Masiello	5,737	3,592	1	1	2	100
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	H. H. Stone	4,441	4,012	2	2	2	...
Hahnemann Hospital*[1]	Philadelphia	H. S. Ruth	9,229	3,484	5	10	2	50
Hospital of the University of Pennsylvania*[1]	Philadelphia	R. D. Dripps	14,216	6,156	4	13	2	100
Hospital of the Woman's Medical College of Pennsylvania*[1]	Philadelphia	H. Stone	4,086	740	1	2	2	60
†Jewish Hospital*[1]	Philadelphia	M. L. Bernstine	9,940	4,694	3	3	..	200
Lankenau Hospital*[1]	Philadelphia	C. A. Erville	4,481	2,931	1	1*	1	50
Mount Sinai Hospital*[1]	Philadelphia	A. T. Rose	5,180	3,920	3	3	2	100
Presbyterian Hospital*[1]	Philadelphia	S. Schotz	4,658	3,028	1	2	2	100
Temple University Hospital*[1]	Philadelphia	L. W. Krumperman	10,291	3,086	..	4	2	...
Allegheny General Hospital*[1]	Pittsburgh	R. L. Patterson	9,170	4,958	..	4	2	100
Mercy Hospital*[1]	Pittsburgh	F. F. Foldes	11,121	3,468	..	...	2	100
St. Francis Hospital*[1]	Pittsburgh		5,951	2,126	..	..	2	...
Robert Packer Hospital*[1]	Sayre, Pa.	W. F. Brehm	6,849	4,637	..	1	2	150
†Sharon General Hospital[1]	Sharon, Pa.	T. W. Flamberg	3,003	3,994	2	4	2	200
Rhode Island Hospital*[1]	Providence, R.I.	M. Saklad	7,362	3,012	1	2	2	60
Roper Hospital*[1]	Charleston, S.C.	F. E. Kredel	...	...	1	1	1	50
Baroness Erlanger Hospital*[1]	Chattanooga, Tenn.	F. Brannen	4,872	2,588	2	3	2	150
John Gaston Hospital*	Memphis, Tenn.	M. F. Poe	8,220	5,489	1	2	2	50
Vanderbilt University Hospital*[1]	Nashville, Tenn.	B. B. Robbins	6,092	3,277	..	..	2	...
Baylor University Hospital*[1]	Dallas, Tex.	E. F. Weir	15,802	9,951	1	2	2	50
University of Texas Medical Branch Hospitals*[1]	Galveston, Tex.	H. C. Slocum	4,830	3,680	4	8	2	50
John Sealy Hospital	Houston, Tex.	L. F. Schuhmacher	12,929	7,349	1	3	2	75
Hermann Hospital*[1]	Salt Lake City	S. Smith	11,494	9,399	4	8	2	150
University of Utah Affiliated Hospitals*[1, 77]	Burlington, Vt.	J. Abajian	2,744	923	1	1	2	100
Bishop DeGoesbriand Hospital*[1]	Burlington, Vt.	J. Abajian	2,263	594	3	3	2	50
Mary Fletcher Hospital*[1]	Richmond, Va.	W. E. Pembleton	13,824	4,500	..	2	2	46.50
Medical College of Virginia—Hospital Division*[1]	Seattle, Wash.	J. E. Mathwig	2,818	1,632	2	2	2	100
King County Hospital, Unit No. 1 (Harborview)*[1, 31]	Seattle, Wash.	J. M. MacKinnon	8,713	5,236	1	2	2	110
Providence Hospital*[1]	Seattle, Wash.	D. C. Moore	3,981	3,221	1	2	2	100
Virginia Mason Hospital*[1]	Tacoma, Wash.	J. J. Bonica	5,713	3,474	3	3	2	200
Tacoma General Hospital*[1]	Wheeling, W. Va.	D. E. Greenelch	6,508	3,575	1	2	2	200
Ohio Valley General Hospital*	Madison, Wis.	A. M. MacKay	5,684	3,140	3	7	2	25
State of Wisconsin General Hospital*[1]	Milwaukee	D. Gatherum	4,017	2,807	1	2	..	50
†Milwaukee County Hospital*[1]								

Numerical and other references will be found on page 462.

147
951

3. CARDIOVASCULAR DISEASE

The following services have been approved by the Council on Medical Education and Hospitals. In the future, residencies in cardiovascular disease will be approved by the Council in collaboration with the Subspecialty Board for Cardiovascular Disease of the American Board of Internal Medicine.

Hospitals, 25 Assistant Residencies and Residencies, 44

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital*	San Francisco	B. E. Pollock	758	1,069	41	33	..	..	...
Fitzsimons Army Hospital*	Denver	E. M. Goyette	9,371	2,351	29	26	..	2	...
Army Medical Center*[27]	Washington, D.C.	J. S. Taylor	683	6,134	49	39	...	1	...
Brooke Army Medical Center*[28]	San Antonio, Tex.	R. P. Johnson	7,308	3,285	31	25	..	..	...
UNITED STATES NAVY									
U. S. Naval Hospital*[1]	Bethesda, Md.	I. L. Norman	761	7,887	86	57	1	1	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital*[1]	Long Beach, Calif.	D. W. Leik	1,270	816	122	122	..	2	...
Veterans Admin. Hospital	Hines, Ill.	L. A. Baker	1,818	...	206	94	..	..	...
Veterans Admin. Hospital*	Richmond, Va.	J. Williams	568	...	55	28	1	3	...
NONFEDERAL									
George Washington University Hospital*	Washington, D.C.	C. B. Ethridge	541	...	70	32	2	2	200
Michael Reese Hospital*[1]	Chicago	L. N. Katz	478	4,804	92	72	8	8	...
Indiana University Medical Center*[1]	Indianapolis	G. Bond	...	1,279	..	..	2	2	200
Henry Ford Hospital*[1]	Detroit	F. J. Smith	1,806	16,473	137	80	..	3	225
Irvington House [1,5]	Irvington-on-Hudson, N.Y.	A. C. DeGraff	245	635	..	..	2	2	200
Bellevue Hospital Div. III-New York University*	New York City	J. Baldwin	...	4,733	..	..	..	..	...
St. Luke's Hospital*[1]	New York City		...	...	..	..	..	..	...
†St. Francis Sanatorium for Cardiac Children [1]	Roslyn, N.Y.	L. M. Taran	275	...	2	1	1	2	200
Ohio State University Hospital*[1]	Columbus, Ohio	R. W. Kissane	...	...	..	..	1	2	122
White Cross Hospital*[1]	Columbus, Ohio	R. W. Kissane	715	...	40	15	1	1	100
Hospital of the Woman's Medical College of Penna.*[1]	Philadelphia		...	...	..	..	..	..	...
Pennsylvania Hospital*	Philadelphia	J. B. Vander Veer	...	3,493	..	..	3	3	20
Philadelphia General Hospital*[1]	Philadelphia	T. McMillan	...	...	..	..	4	4	75
Presbyterian Hospital*	Pittsburgh	F. J. Gregg	...	...	..	..	1	1	58.33
St. Francis Hospital*[1]	Pittsburgh		...	...	..	..	..	..	...
Rhode Island Hospital	Providence, R.I.	F. B. Cutts	...	842	..	..	1	1	60
University of Texas Medical Branch Hospitals John Sealy Hospital*[1]	Galveston	G. R. Herrmann	...	1,989	..	..	2	4	50

4. CONTAGIOUS DISEASES

The following services are approved by the Council on Medical Education and Hospitals

Hospitals, 13 Assistant Residencies and Residencies, 59

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
NONFEDERAL									
Children's Hospital*	San Francisco	E. B. Shaw	444	...	20	14	1	1	50
Cook County Hospital*[1]	Chicago	A. L. Hoyne	754	...	40	24	..	2	32
Municipal Contagious Disease Hospital [1]	Chicago	M. H. Lepper	2,510	411	86	73	6	6	172
Massachusetts Memorial Hospital*	Boston	L. Weinstein	975	...	19	12	2	3	50
Belmont Hospital [1]	Worcester, Mass.	H. K. Spangler	458	...	5	..	1	2	155
Herman Kiefer Hospital [1]	Detroit	D. C. Young	1,690	...	103	61	..	3	397
Essex County Hospital for Contagious Diseases [1]	Belleville, N.J.	E. L. Smith	1,540	...	31	7	2	2	175
Municipal Hospital for Contagious Diseases [6]	Camden, N.J.	L. L. Coriell	385	1,700	8	4	..	..	...
Kingston Avenue Hospital [1]	Brooklyn	T. Givan	3,503	...	46	22	11	11	130
Queens General Hospital*[1]	Jamaica, N.Y.	H. A. Reisman	603	...	9	4	1	2	80
Willard Parker Hospital [1]	New York City	J. F. Landon	5,710	...	52	25	9	19	50
City Hospital*[1]	Cleveland	R. M. Eiben	2,335	1,084	109	55	3	4	67
Philadelphia Hospital for Contagious Diseases [1]	Philadelphia	A. C. LaBocetta	1,712	...	22	19	4	4	75

5. DERMATOLOGY AND SYPHILOLOGY

The following services are approved by the Council and the American Board of Dermatology and Syphilology

Hospitals, 84 Assistant Residencies and Residencies, 227

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatients Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital*	San Francisco	R. S. Higdon	278	7,767	0	0	..	..	2	...
Army Medical Center* [27]	Washington, D.C.	R. G. Thompson	312	21,067	0	0	..	7	2	...
Brooke Army Medical Center*[28]	San Antonio, Texas	C. B. White	2,196	12,030	0	0	1	..	2	...
UNITED STATES NAVY										
U. S. Naval Hospital*	San Diego, Calif.	C. D. Bell	690	3,480	0	0	4	4	2	...
U. S. Naval Hospital*[1]	St. Albans, N.Y.	L. K. MacClatchie	299	3,836	1	0	..	..	2	...
U. S. Naval Hospital*	Philadelphia	R. L. Gilman	453	3,341	2	2	..	..	2	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Hospital*[1]	Staten Island, N.Y.	B. J. Chester	938	19,028	0	0	1	4	2	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital*[1]	Washington, D.C.	C. W. Freeman	32	10,086	1	0	..	2	2	...

Numerical and other references will be found on page 462.

5. DERMATOLOGY AND SYPHILOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Length of Approved Program (Years)	Beginning Salary ($) (Month)
VETERANS ADMINISTRATION										
Veterans Admin. Hospital*[1]	Long Beach, Calif.	M. Obermayer	924	3,558	4	0	1	3	2	...
Veterans Admin. Hospital*[1]	Los Angeles	T. H. Sternberg	1,449	2,768	1	1	2	6	2	...
Veterans Admin. Hospital	Hines, Ill.	E. A. Oliver	1,050	..	26	11	..	3	2	...
Veterans Admin. Hospital	New Orleans, La.	C. B. Kennedy	110	800	2	2	1	1	1	...
Veterans Admin. Hospital [1]	Fort Howard, Md.	M. Sullivan	123	92	0	0	..	3	3	...
Veterans Admin. Hospital [1]	Minneapolis	H. E. Michelson	412	360	2	0	2	2	3	...
Veterans Admin. Hospital [1]	New York City	O. Canizares	537	4,493	3	3	1	3	3	...
Veterans Admin. Hospital [1]	Aspinwall, Pa.	S. Crawford	290	..	1	1	1	1	1	...
Veterans Admin. Hospital [1,33]	Milwaukee	J. Kanter	632	932	2	2	1	1	2	...
NONFEDERAL										
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	R. O. Noojin	159	1,185	1	0	1	3	3	50
Lloyd Noland Hospital*	Fairfield, Ala.	P. G. Requе	125	8,665	0	0	1	1	1	225
Los Angeles County Hospital*[1]	Los Angeles	N. P. Anderson	651	19,819	26	9	3	3	3	165
White Memorial Hospital*	Los Angeles	C. E. Counter	20	6,575	0	0	1	2	2	120
Stanford University Hospitals*[1]	San Francisco	E. M. Farber	41	9,228	0	0	1	1	2	50
University of California Hospital*[1]	San Francisco	F. A. Torrey	39	7,359	1	1	..	3	3	75
University of Colorado Medical Center Colorado General Hospital*[1]	Denver	O. S. Philpott	22	4,321	2	2	1	1	1	75
Georgetown University Hospital*	Washington, D.C.	F. J. Eichenlaub	..	2,335	0	0	1	2	2	...
Chicago Intensive Treatment Center [1,2]	Chicago	J. Rodriquez	1,485	7,942	0	0	1	1	1	55
Cook County Hospital*[1]	Chicago	R. Webster	237	11,399	24	6	..	2	3	32
Michael Reese Hospital*[1]	Chicago	H. Rattner	102	7,069	1	1	1	1	1	25
Northwestern University Medical Center	Chicago	H. Rattner	..	8,655	..	..	..	..	3	...
Research and Educational Hospital*[1]	Chicago	F. E. Senar	57	13,360	1	1	1	1	3	55
University of Chicago Clinics*	Chicago	S. Rothman	139	3,438	1	0	3	3	3	25
Indianapolis General Hospital*[1]	Indianapolis	J. E. Dalton	57	8,201	2	2	1	3	3	80
University Hospitals*[1]	Iowa City	R. Nomland	326	3,650	6	6	1	2	3	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	R. L. Sutton	80	1,898	..	..	1	1	1	100
Charity Hospital of Louisiana*[1]	New Orleans		434	34,826	3	1	3	5	3	25
Johns Hopkins Hospital*[2]	Baltimore		..	12,578	..	..	..	..	1	41.66
University Hospital*[1]	Baltimore	H. M. Robinson, Sr.	28	23,143	0	0	4	4	2	...
Boston City Hospital*[1]	Boston	J. G. Downing	68	19,171	2	1	1	3	2	90
Massachusetts General Hospital*	Boston	C. N. Frasier	305	16,475	5	5	3	4	3	41.66
Massachusetts Memorial Hospital*[1]	Boston	J. G. Downing and W. L. Fleming	20	8,076	0	0	1	1	1	50
University Hospital*[1]	Ann Arbor, Mich.	A. C. Curtis	623	8,889	6	4	2	12	3	124
City of Detroit Receiving Hospital*[1]	Detroit	L. W. Shaffer	28	6,058	0	0	2	6	3	100
Minneapolis General Hospital*[1]	Minneapolis	C. W. Laymon	262	5,740	1	0	1	1	3	125
University of Minnesota Hospitals*[1]	Minneapolis	H. Michaelson	101	..	6	5	3	3	3	...
Mayo Foundation	Rochester, Minn.	P. A. O'Leary	..	..	..	..	4	12	3	135
Ancker Hospital*[1]	St. Paul	J. F. Madden	144	3,009	6	4	..	..	3	...
Meridian Public Health Treatment Center [1,2]	Meridian, Miss.	W. L. Bunch, Jr.	14,999	..	..	..	2	2	1	...
Barnard Free Skin and Cancer Hospital	St. Louis	R. S. Weiss	51	11,114	1	0	1	2	3	125
Barnes Hospital*	St. Louis		..	..	..	..	..	..	3	...
St. Mary's Group of Hospitals*[1]	St. Louis	G. V. Stryker	91	6,617	1	0	1	3	3	35
Mary Hitchcock Memorial Hospital*[1]	Hanover, N.H.	W. C. Lobitz, Jr.	154	6,117	0	0	1	2	2	163
Kings County Hospital*[1]	Brooklyn	C. T. Chiaramonte	694	9,810	21	4	2	2	1	...
Buffalo General Hospital*	Buffalo	E. D. Osborne	18	2,875	0	0	1	1	2	25
Edward J. Meyer Memorial Hospital*[1]	Buffalo	E. D. Osborne	102	9,577	3	3	1	3	3	100
Bellevue Hospital, Div. III-IV—New York Univ.*[1]	New York City	F. C. Combes	1,163	33,397	22	2	..	..	1	50
Metropolitan Hospital*[1]	New York City	E. Traub	92	10,152	1	0	1	1	1	130
Mount Sinai Hospital*[1]	New York City	S. M. Peck	121	9,773	7	2	1	1	2	50
New York City Hospital*[1]	New York City	J. J. Eller	394	11,987	7	1	1	1	1	130
New York Hospital*	New York City	G. M. Lewis	..	17,751	..	..	1	1	3	25
New York Polyclinic Medical School and Hospital*	New York City	A. C. Cipollaro	42	7,126	..	..	1	2	3	75
Presbyterian Hospital*[1]	New York City	J. L. Miller	...	41,581	..	..	2	2	3	208
Roosevelt Hospital*[1]	New York City	G. C. Andrews	...	..	..	..	..	1	1	...
St. Luke's Hospital*[1]	New York City	L. F. Barker	..	9,870	..	..	1	1	2	60
University Hospital*[1]	New York City	M. Sulzberger	213	94,790	5	2	..	6	3	80
Duke Hospital*[1]	Durham, N.C.	J. L. Callaway	221	2,315	0	0	1	3	3	...
Eastern Medical Center [2]	Durham, N.C.		..	..	..	..	..	..	1	...
Cincinnati General Hospital*[1]	Cincinnati	L. Goldman	374	7,266	4	1	3	5	3	...
City Hospital*[1]	Cleveland	H. N. Cole, Sr.	328	9,427	..	..	1	3	3	67
Cleveland Clinic Hospital[1]	Cleveland	E. W. Netherton	225	17,941	4	2	1	6	3	...
University Hospitals*[1]	Cleveland	H. N. Cole, Sr.	158	9,467	2	..	1	3	3	...
University Hospital*[1]	Oklahoma City, Okla.	C. P. Bondurant	58	2,247	2	1	2	2	1	50
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	L. B. Kingery	40	4,806	..	..	1	2	2	85
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	M. Samitz	73	6,387	0	0	2	2	2	...
Hospital of the University of Pennsylvania*[1]	Philadelphia	D. M. Pillsbury	442	11,733	2	2	..	22	3	...
Jefferson Medical College Hospital*	Philadelphia	H. B. Decker	44	7,365	0	0	2	2	1	...
Pennsylvania Hospital*	Philadelphia	H. Beerman	..	7,545	..	..	1	1	1	20
Philadelphia General Hospital*[1]	Philadelphia	C. Thomas	253	..	19	4	1	1	1	75
Skin and Cancer Hospital [1]	Philadelphia	D. M. Pillsbury and C. S. Wright	438	47,500	6	0	4	4	2	50
Pittsburgh Medical Center*[1,76]	Pittsburgh		..	..	..	..	..	..	3	...
Parkland Hospital*[1]	Dallas, Tex.	B. Shelmire	35	1,463	2	0	2	2	1	...
University of Texas Medical Branch Hospitals,*[1] John Sealy Hospital	Galveston, Tex.	C. S. Livingood	109	9,008	..	..	2	6	3	50
University of Virginia Hospital*[1]	Charlottesville, Va.	E. P. Cawley	196	5,253	4	4	2	5	3	50
Medical College of Virginia-Hospital Division*[1]	Richmond, Va.	R. W. Fowlkes	..	11,741	..	..	..	..	1	47
State of Wisconsin General Hospital*[1]	Madison, Wis.	S. A. M. Johnson	221	3,807	2	0	1	1	1	25

6. GASTROENTEROLOGY

The following services have been approved by the Council and the Subspecialty Board for Gastroenterology of the American Board of Internal Medicine
Hospitals, 11 Assistant Residencies and Residencies, 14

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Beginning Salary ($) (Month)
UNITED STATES ARMY									
Letterman Army Hospital*	San Francisco, Calif.	W. R. Haas	926	506	2	2	..	..	...

Numerical and other references will be found on page 462.

6. GASTROENTEROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Beginning Stipend (Month)
VETERANS ADMINISTRATION									
Veterans Admin. Hospital[*1]	Long Beach, Calif.	S. J. Stempien	1,358	556	38	38	..	2	...
Veterans Admin. Hospital[*]	Richmond, Va.		683	...	21	12	1	3	...
NONFEDERAL									
Michael Reese Hospital[*1]	Chicago	H. Necheles	258	2,268	3	3	2	2	...
Lenox Hill Hospital[*]	New York City	H. A. Rafsky	374	1,073	32	6	2	2	50
Duke Hospital[*1]	Durham, N.C.	J. M. Ruffin	...	...	..	..	..	..	...
Ohio State University Hospital[*1]	Columbus, Ohio	C. J. DeLor	...	...	..	..	..	..	50
Graduate Hospital of the University of Pennsylvania[*1]	Philadelphia	H. L. Bockus	614	2,213	16	8	1	1	...
Hospital of the University of Pennsylvania[*1]	Philadelphia		...	3,952	...	...	...	...	...
Jefferson Medical College Hospital[*]	Philadelphia	H. A. Reimann	496	2,718	16	12	2	2	...
Temple University Hospital[*1]	Philadelphia	H. Shay	...	697	..	..	..	2	...

7. GENERAL PRACTICE

The following services are approved by the Council on Medical Education and Hospitals
Hospitals, 73 Assistant Residencies and Residencies, 250

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Beginning Stipend (Month)
UNITED STATES ARMY									
Madigan Army Hospital[*]	Tacoma, Wash.		12,965	98,331	106	82	10	25	...
UNITED STATES NAVY									
U. S. Naval Hospital[*]	Chelsea, Mass.		...	...	..	..	..	..	...
U. S. Naval Hospital[*]	Portsmouth, Va.		...	...	..	..	..	..	...
NONFEDERAL									
Leo N. Levi Memorial Hospital[1]	Hot Springs, Ark.	J. Rosenzweig	2,465	14,868	75	16	2	2	250
Kern General Hospital[1]	Bakersfield, Calif.	J. M. Nicholson	11,479	14,382	532	297	21	21	340
Los Angeles County Hospital[*1]	Los Angeles	P. Berman					6	6	165
Methodist Hospital of Southern California[*1]	Los Angeles	E. G. Eisen	10,416	6,718	288	83	2	2	100
Permanente Foundation Hospital	Oakland, Calif.						..	..	...
Monterey County Hospital[1]	Salinas, Calif.	J. C. Sharp	3,016	27,839	117	92	6	6	423
St. Francis Hospital[1]	San Francisco	C. Y. Gates	10,877	22,030	348	74	7	14	265
Community Hospital of San Mateo County[1]	San Mateo, Calif.	W. F. Knorp	1,658	10,702	158	48	6	6	200
Sonoma County Hospital[1]	Santa Rosa, Calif.	B. R. Barbour	217	...	61	7	..	..	...
St. Francis Hospital	Colorado Springs, Colo.	E. F. Dent	4,049	3,939	97	62	2	2	210
University of Colorado Medical Center									
Colorado General Hospital[*1]	Denver, Colorado	C. J. Smyth	...	...	..	..	4	12	75
Denver General Hospital[*1]	Denver, Colorado		...	...	..	..	..	..	...
Charlotte Hungerford Hospital[1]	Torrington, Conn.	J. F. Kilgus	2,211	943	38	20	2	4	75
Eastern Dispensary and Casualty Hospital	Washington, D. C.		...	...	..	..	..	..	...
St. Luke's Hospital[*1]	Jacksonville, Fla.		...	...	..	..	..	..	...
St. Joseph's Hospital[1]	Alton, Ill.	H. McCuistion	6,418	11,490	133	76	4	4	200
MacNeal Memorial Hospital[*1]	Berwyn, Ill.	R. W. Edwards	10,511	6,827	281	99	6	6	175
Ravenswood Hospital[*1]	Chicago	H. T. Haver	7,865	3,053	224	172	2	2	75
Methodist Hospital of Central Illinois[*1]	Peoria, Ill.	S. M. Scalzo	1,321	1,384	133	45	2	2	200
St. Francis Hospital[1]	Beech Grove, Ind.	W. F. Ramage	7,146	4,956	161	77	3	3	300
St. Margaret's Hospital[*]	Hammond, Ind.						..	..	...
St. Luke's Methodist Hospital[*1]	Cedar Rapids, Ia.		10,658	8,054	248	114	6	6	225
Broadlawns Polk County Hospital[*1]	Des Moines, Ia.	A. A. Toubes	4,585	37,687	314	104	3	3	125
University Hospitals[*1]	Iowa City	W. Bean	21,067	31,702	563	411	6	6	50
St. Francis Hospital[*1]	Wichita, Kans.	C. W. Miller	2,030	...	48	21	2	4	...
Wesley Hospital[*1]	Wichita, Kans.	G. Tonn	7,781	9,998	151	66	..	3	150
Baton Rouge General Hospital	Baton Rouge, La.	H. G. Riche, Jr.	8,579	...	153	55	4	4	150
Cooley Dickinson Hospital[1]	Northampton, Mass.	L. N. Durgin	6,228	3,577	233	50	4	4	50
St. Joseph Hospital[*]	Flint, Mich.		...	...	..	..	..	..	...
Borgess Hospital[*1]	Kalamazoo, Mich.						..	..	...
Mercy Hospital	Muskegon, Mich.						..	..	...
St. Joseph Mercy Hospital[*1]	Pontiac, Mich.	N. N. Steinberg	14,297	6,909	216	71	2	2	250
St. Luke's Hospital	Saginaw, Mich.	H. Matthews	3,815	951	55	29	1	2	135
James Decker Munson Hospital[*]	Traverse, Mich.	B. B. Bushong	5,371		141	73	2	3	213.93
Wyandotte General Hospital[1]	Wyandotte, Mich.	L. A. Comstock	1,897	9,832	153	44	1	2	300
Fairview Hospital[1]	Minneapolis	S. C. Andersen	8,180	3,112	206	64	..	..	200
Midway Hospital	St. Paul, Minn.	A. Ritt	7,882		112	44	..	2	300
Missouri Methodist Hospital[*]	St. Joseph, Mo.	A. I. Herman	3,921	433	265	50	1	1	250
Alexian Brothers Hospital	St. Louis		3,128	6,606	162	46	3	3	200
St. Anthony's Hospital[*1]	St. Louis						1	2	150
Murray Hospital	Butte, Mont.						..	..	...
Albany Hospital	Albany, N. Y.						..	4	50
Millard Fillmore Hospital[*]	Buffalo	M. Chepfove					1	2	50
St. Joseph Hospital[1]	Far Rockaway, N.Y.	G. Christmann	4,684	2,610	114	20	6	6	200
Benedictine Hospital	Kingston, N. Y.	W. S. Bush	1,202	408	74	34	1	1	300
Vassar Brothers Hospital[*1]	Poughkeepsie, N. Y.		2,198	6,577	124	88	2	2	125
Peoples Hospital[*1]	Akron, Ohio	P. B. DeMaine					2	2	125
Good Samaritan Hospital[*1]	Cincinnati	F. M. Williams	3,184	...	261	..	4	4	155
Lima Memorial Hospital[*1]	Lima, Ohio	D. L. Steiner	7,911[9]	...	230	86	4	4	225
St. Rita's Hospital[*]	Lima, Ohio		...	...	..	..	..	..	...
St. Vincent's Hospital[*1]	Toledo, Ohio	M. A. Schnitker	7,753	1,730	266	97	2	4	125
Toledo Hospital[*1]	Toledo, Ohio	C. S. Mundy	9,191	8,346	205	105	1	3	125
Bradford Hospital	Bradford, Pa.	C. L. Luckett	1,639	5,935	95	21	1	1	200
Community General Hospital[*]	Reading, Pa.		...	...	..	..	..	..	...
Madison Rural Hospital and Sanitarium[1]	Madison College, Tenn.	D. J. Johns					3	3	215
Brackenridge Hospital[*1]	Austin, Tex.	F. A. White	5,461	31,565	176	51	2	2	120
All Saints Hospital[1]	Fort Worth, Tex.		6,285		130	47	4	4	250
City County Hospital[*1]	Fort Worth, Tex.	J. H. Booth	6,512	29,179	353	119	3	4	150
St. Joseph's Hospital[*1]	Fort Worth, Tex.	J. F. McVeigh	13,652	6,428	336	49	1	1	200

Numerical and other references will be found on page 462.

V 14
1951

7. GENERAL PRACTICE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Beginning Stipend (Month)
St. Mary's Infirmary [1]	Galveston, Tex.	E. H. Klatt	8,081	335	140	69	8	16	250
Shannon West Texas Memorial Hospital	San Angelo, Tex.	C. A. Kunath	6,154	19,885	129	34	4	4	200
Robert B. Green Hospital*	San Antonio, Tex.	W. W. Bondurant	5,268	46,510	426	114	1	2	150
Kings Daughters Hospital*	Temple, Texas		3,119	31,723	68	35	..	1	300
Wichita General Hospital*	Wichita Falls, Tex.	R. D. McConchie	4,884	....	108	12	3	3	200
Riverside Hospital*	Newport News, Va.		..	....	..	..	..	..	....
Sheltering Arms Hospital [1]	Richmond, Va.	R. L. Bailey	2,607	....	76	48	..	1	100
Providence Hospital*[1]	Seattle, Wash.	K. G. Whyte	12,381	3,114	330	182	3	6	110
Evangelical Deaconess Hospital*	Milwaukee	L. M. Peters	2,174	....	103	..	2	2	250
Milwaukee Hospital*[1]	Milwaukee	E. Daniels	..	....	..	..	1	1	125
St. Michael's Hospital*	Milwaukee		5,429	12,189	112	48	1	3	200

8. INTERNAL MEDICINE

The following services have been approved by the Council, the American Board of Internal Medicine, and the American College of Physicians through the Conference Committee on Graduate Training in Medicine.

Hospitals, 567 Assistant Residencies and Residencies, 4126

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital*	San Francisco, Calif.	J. O. Gillespie	1,912	2,305	54	46	..	..	....
Fitzsimons Army Hospital*	Denver, Colo.	C. W. Tempel	247	510	37	34	1	10	....
Army Medical Center*[27]	Washington, D. C.	P. S. Fancher	1,938	57,432	37	32	5	21	....
Brooke Army Medical Center*[28]	San Antonio, Tex.	J. G. Knauer	9,151	11,151	135	125	..	..	....
Gorgas Hospital*	Ancon, Canal Zone	G. M. Stevenson	2,276	20,872	216	109	2	6	....
Tripler Army Hospital*	Honolulu, T. H.	C. L. Leedham	6,404	16,088	44	40	..	..	....
UNITED STATES NAVY									
U. S. Naval Hospital*	Oakland, Calif.	A. R. Higgins	2,038	2,218	86	58	..	10	....
U. S. Naval Hospital*	San Diego, Calif.	E. F. Evans	2,248	31,478	182	147	5	5	....
U. S. Naval Hospital*	Great Lakes, Ill.	W. H. Schwartz	3,895	640	21	18	..	..	....
U. S. Naval Hospital*[1]	Bethesda, Md.	I. L. Norman	1,206	2,362	32	25	5	10	....
U. S. Naval Hospital*[1]	Chelsea, Mass.	W. W. Kirk	2,214	14,418	107	48	2	4	....
U. S. Naval Hospital*[1]	St. Albans, N. Y.	H. C. Oard	1,794	2,516	33	24	..	..	....
U. S. Naval Hospital*	Philadelphia, Pa.	J. Love	3,990	40,344	331	167	..	..	....
U. S. Naval Hospital*	Portsmouth, Va.	C. L. Ferguson	963	5,246	51	37	..	..	....
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital*[1]	San Francisco, Calif.	F. S. French	2,103	22,927	79	61	2	5	....
U. S. Public Health Service Hospital*[1]	Chicago, Ill.	J. G. Telfer	1,018	2,707	35	26	2	2	....
U. S. Public Health Service Hospital*[1]	New Orleans, La.	R. S. Smith	2,613	6,710	78	56	2	6	....
U. S. Public Health Service Hospital*[1]	Baltimore, Md.	L. L. Terry	2,041	14,435	54	39	2	6	....
U. S. Public Health Service Hospital*	Boston, Mass.	W. S. Baum	1,304	1,158	44	29	1	3	....
U. S. Public Health Service Hospital*[1]	Detroit, Mich.	R. E. Miller	1,117	11,762	46	38	..	1	....
U. S. Public Health Service Hospital*[1]	Staten Island, N. Y.	A. Doerner	2,361	16,099	80	54	3	9	....
U. S. Public Health Service Hospital*[1]	Seattle, Wash.	R. L. Griffith	2,333	8,734	136	101	2	5	....
FEDERAL SECURITY AGENCY									
Freedmen's Hospital*[1]	Washington, D. C.	J. B. Johnson	1,138	4,180	265	139	2	8	....
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Tuskegee, Ala.	E. T. Odom	2,363	1,726	125	66	8	18	....
Veterans Admin. Hospital*[1]	Long Beach, Calif.	F. W. S. Modern	3,264	16,308	104	92	20	31	....
Veterans Admin. Hospital*[1]	Los Angeles, Calif.	R. O. Egeberg	4,415	3,455	323	268	20	54	....
Veterans Admin. Hospital	San Francisco, Calif.	G. E. Hein	1,981	2,526	135	95	12	21	....
Veterans Admin. Hospital [1]	Fort Logan, Colo.	T. P. Sears	1,802	....	77	66	7	16	....
Veterans Admin. Hospital*	Newington, Conn.	P. Kunkel	1,611	2,521	101	79	10	18	....
Veterans Admin. Hospital [1]	Washington, D. C.	L. K. Alpert	1,389	3,579	127	107	..	13	....
Veterans Admin. Hospital [1]	Coral Gables, Fla.	J. M. Rumball	2,511	8,176	179	149	4	10	....
Veterans Admin. Hospital [1]	Augusta, Ga.	J. R. Kaufman	1,142	5,432	34	25	3	7	....
Veterans Admin. Hospital*[1]	Chamblee, Ga.	M. Michael, Jr.	7,068	....	120	92	8	15	....
Veterans Admin. Hospital [1]	Hines, Ill.	L. A. Baker	7,822	....	352	184	..	56	....
Veterans Admin. Hospital [1]	Indianapolis, Ind.	W. A. Christian	2,092	....	158	128	..	11	....
Veterans Admin. Hospital [1]	Des Moines, Ia.	D. J. Glomset	2,471	....	162	108	..	12	....
Veterans Admin. Hospital [1]	Topeka, Kans.	R. Chess	1,888	....	56	44	4	12	....
Veterans Admin. Hospital [1]	Wadsworth, Kans.	M. Slavin	3,921	....	277	240	4	11	....
Veterans Admin. Hospital [1]	Wichita, Kans.	T. J. Rankin	1,816	....	84	67	2	7	....
Veterans Admin. Hospital [1]	Louisville, Ky.	J. R. Gott, Jr.	3,144	8,136	175	76	8	18	....
Veterans Admin. Hospital	New Orleans, La.	C. A. Jones	2,725	1,956	135	86	6	16	....
Veterans Admin. Hospital [1]	Fort Howard, Md.	P. Padget	1,817	2,404	207	106	7	12	....
Veterans Admin. Hospital	Perry Point, Md.	S. Goldgraben	1,235	227	11	7	2	4	....
Veterans Admin. Hospital	Boston (West Roxbury), Mass.	T. A. Warthin	1,444	1,312	150	97	6	16	....
Veterans Admin. Hospital [1]	Framingham, Mass.	M. B. Strauss	4,118	2,318	116	87	15	25	....
Veterans Admin. Hospital [1]	Dearborn, Mich.	H. J. Kullman	4,466	17,873	273	170	..	25	....
Veterans Admin. Hospital [1]	Minneapolis, Minn.	R. V. Ebert	3,201	10,618	191	160	33	33	....
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	E. D. Wall	3,688	....	246	160	8	24	....
Veterans Admin. Hospital [1]	Lincoln, Nebr.	O. V. Calhoun	1,752	....	76	55	2	6	....
Veterans Admin. Hospital [1]	Albuquerque, N. M.	W. S. Taylor	1,014	....	38	34	5	10	....
Veterans Admin. Hospital [1]	Bath, N. Y.	A. S. Dowling	3,034	111,600	151	115	6	6	....
Veterans Admin. Hospital [1]	Brooklyn, N. Y.	M. G. Goldner	2,162	....	202	125	10	27	....
Veterans Admin. Hospital [1]	Buffalo, N. Y.	G. M. MacKenzie	2,683	4,124	116	64	12	22	....
Veterans Admin. Hospital [1]	New York City	B. Straus	4,563	1,978	467	257	16	38	....
Veterans Admin. Hospital [1]	Cleveland, Ohio	N. P. Shumway	2,832	....	201	131	26	26	....
Veterans Admin. Hospital [1]	Dayton, Ohio	A. Tomasulo	2,754	81,035	206	135	21	33	....
Veterans Admin. Hospital*[1]	Oklahoma City, Okla.	H. L. Schmidt, Jr.	1,636	....	60	34	5	5	....
Veterans Admin. Hospital	Portland, Ore.	J. H. Mills	2,823	....	176	160	6	18	....
Veterans Admin. Hospital [1]	Aspinwall, Pa.	R. Schwartz	2,702	....	252	129	9	27	....
Veterans Admin. Hospital	Columbia, S. C.	L. Birch	3,333	4,074	205	112	2	6	....
Veterans Admin. Hospital [1]	Memphis, Tenn.	J. E. Cottrell	5,848	18,933	200	151	10	29	....

Numerical and other references will be found on page 462.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Beginning Salary (Month)
Veterans Admin. Hospital[*†]	Nashville, Tenn.	R. France	3,314	...	97	67	15	15	...
Veterans Admin. Hospital †	Dallas, Tex.	C. W. Sensenbach	1,768	...	105	69	9	14	...
Veterans Admin. Hospital[*†]	Houston, Tex.	R. A. Wise	1,837	...	116	108	10	25	...
Veterans Admin. Hospital[*†]	McKinney, Tex.	B. Friedman	3,005	6,528	89	73	12	20	...
Veterans Admin. Hospital[*]	Salt Lake City, Utah	J. C. Nunemaker	1,335	2,102	66	62	4	10	...
Veterans Admin. Hospital †	White River Jct., Vt.	A. Yeomans	1,672	376	54	48	4	10	...
Veterans Admin. Hospital[*†]	Richmond, Va.	J. P. Williams	4,838	...	164	79	10	30	...
Veterans Admin. Hospital	Seattle, Wash.		...	...	...	...	...	...	...
Veterans Admin. Hospital †	Martinsburg, W. Va.	H. Field, Jr.	1,164	373	89	60	6	6	...
Veterans Admin. Hospital †	Milwaukee, Wis.	M. W. Garry	832	6,392	74	54	25	25	...
NONFEDERAL									
Carraway Methodist Hospital[*†]	Birmingham, Ala.	E. D. Lineberry	985	5,888	58	25	3	6	150
Jefferson-Hillman Hospital[*†]	Birmingham, Ala.	T. R. Harrison	3,144	10,958	414	157	4	14	50
Lloyd Noland Hospital[*]	Fairfield, Ala.	G. M. Hankins	1,928	31,230	110	35	2	6	225
City Hospital[*]	Mobile, Ala.	G. O. Segrest	982	3,138	88	46	1	3	175
Memorial Hospital[*†]	Phoenix, Ariz.	H. Caldwell	1,498	9,184	110	45	3	3	200
St. Mary's Hospital and Sanatorium[*]	Tucson, Ariz.	H. E. Thompson	2,827	771	116	44	6	6	175
Tucson Medical Center[*†]	Tucson, Ariz.	C. L. Robbins	612	274	16	8	4	4	200
Arkansas Baptist Hospital[*†]	Little Rock, Ark.	F. W. Harris	2,140	...	166	29	2	2	...
University Hospital[*†]	Little Rock, Ark.	B. B. Wells	657	13,324	87	55	1	9	75
Kern General Hospital[*†]	Bakersfield, Calif.	R. C. Dickmann	498	3,416	122	35	6	10	340
Herrick Memorial Hospital[*†]	Berkeley, Calif.	H. I. Harvey	1,238	1,561	119	70	1	2	100
San Joaquin General Hospital[*†]	French Camp, Calif.	G. Wever	2,202	25,398	407	214	2	4	220
General Hospital of Fresno County[*†]	Fresno, Calif.	E. Sorsky	1,829	16,769	368	106	2	3	206
Glendale Sanitarium and Hospital[*†]	Glendale, Calif.	H. J. Hoxie	2,789	6,577	195	102	1	4	181
Seaside Memorial Hospital[*†]	Long Beach, Calif.	E. M. Duvall	2,688	5,009	186	62	2	2	150
California Hospital[*†]	Los Angeles	W. F. Wessels	2,709	13,819	247	109	1	3	125
Cedars of Lebanon Hospital[*†]	Los Angeles		2,677	20,985	221	107	2	2	75
Hospital of the Good Samaritan[*†]	Los Angeles	W. H. Grishaw	2,729	14,165	180	71	2	6	150
Los Angeles County Hospital[*†]	Los Angeles	L. E. Bullock	22,184	61,085	2,557	879	31	31	165
Presbyterian Hospital—Olmstead Memorial[*†]	Los Angeles	W. N. Anderson	2,038	...	172	56	1	2	100
Queen of Angels Hospital[*†]	Los Angeles	M. Blacker	3,139	2,720	339	127	1	3	100
St. Vincent's Hospital[*]	Los Angeles	J. C. Ruddock	2,042		159	66	1	1	100
White Memorial Hospital[*]	Los Angeles	W. E. MacPherson	1,370	20,898	122	63	..	3	120
Highland-Alameda County Hospital[*†]	Oakland, Calif.	H. Rogers	2,807	9,699	559	157	4	5	145
Permanente Foundation Hospital[*†]	Oakland, Calif.	M. F. Collen	1,948	52,066	150	93	..	6	175
Samuel Merritt Hospital †	Oakland, Calif.	F. B. Taylor	1,161	...	71	43	2	2	100
Collis P. and Howard Huntington Memorial Hospital[*]	Pasadena, Calif.	G. T. Burke	2,519	8,847	202	123	3	3	130
Mercy Hospital[*†]	San Diego, Calif.	E. M. Fetter	1,691	158	173	53	1	3	125
San Diego County General Hospital[*†]	San Diego, Calif.	J. M. Rumsey	2,502	11,994	494	172	4	7	125
Children's Hospital[*†]	San Francisco	D. W. Atkinson	784	2,041	45	18	1	2	50
Franklin Hospital[*†]	San Francisco	C. D. Mote	1,587	8,982	76	41	2	4	100
French Hospital[*†]	San Francisco	A. L. Wilbur	3,628	6,428	155	49	1	2	100
Mary's Help Hospital[*†]	San Francisco	F. Rochex	938	4,636	66	26	1	2	150
Mount Zion Hospital[*†]	San Francisco	A. L. Cohn and J. J. Sampson	1,546	9,149	136	76	3	6	75
St. Joseph's Hospital[*†]	San Francisco	W. W. Port	2,237	1,006	157	30	1	1	100
St. Luke's Hospital[*†]	San Francisco	E. L. Bruck	2,257	2,870	176	64	1	3	125
St. Mary's Hospital[*†]	San Francisco	J. J. McGinnis	1,565	4,471	99	33	2	5	100
San Francisco Hospital[*†]	San Francisco	L. H. Briggs and J. K. Lewis	...	...	...	...	3	9	175
Southern Pacific General Hospital[*†]	San Francisco		3,288	...	112	67	2	5	120
Stanford University Hospitals[*†]	San Francisco	A. L. Bloomfield	2,307	23,546	132	68	5	11	50
University of California Hospital[*†.34]	San Francisco	W. J. Kerr	1,512	31,372	76	59	..	10	75
Santa Clara County Hospital[*†]	San Jose, Calif.	H. Brink	1,449	8,167	44	36	2	4	235
Fairmont Hospital of Alameda County †	San Leandro, Calif.	H. Rogers	1,462	31,050	330	117	3	5	145
Community Hospital of San Mateo County †	San Mateo, Calif.	W. F. Knorp	2,211	12,936	211	64	..	1	300
Santa Barbara Cottage Hospital[*†]	Santa Barbara, Calif.	H. I. Burtness	2,086	678	83	42	3	7	100
Harbor General Hospital[*†]	Torrance, Calif.	W. P. Martin and F. S. Kellogg	2,190	3,429	480	235	4	12	165
University of Colorado Medical Center									
Colorado General Hospital[*†]	Denver	G. Meiklejohn	724	8,574	119	92	5	13	75
Denver General Hospital[*†.24]	Denver	S. S. Kauvar	3,295	3,598	425	246	3	7	75
Mercy Hospital[*†]	Denver	W. Vest	2,992	1,737	147	67	1	1	100
St. Anthony Hospital[*†]	Denver	J. G. Ryan	2,845	117	182	80	1	1	75
St. Joseph's Hospital[*]	Denver	M. Katzman	2,618	...	102	43	1	3	100
Colorado State Hospital †	Pueblo, Colo.	G. R. Curless	1,664	3,874	235	116	3	6	275
Corwin Hospital[*]	Pueblo, Colo.	R. H. Finney	1,650	1,471	82	46	2	4	50
Bridgeport Hospital[*†]	Bridgeport, Conn.	I. S. Zaun	1,776	9,012	240	74	1	1	100
Hartford Hospital[*†]	Hartford, Conn.	G. G. Russell	4,470	10,337	429	214	4	6	50
St. Francis Hospital[*]	Hartford, Conn.	E. J. Turbert	3,517	11,334	381	96	2	2	75
New Britain General Hospital[*†]	New Britain, Conn.	J. C. White	1,773	...	154	81	..	2	130
Grace-New Haven Community Hospital									
Grace Unit[*†]	New Haven, Conn.	T. Evans	1,240	...	139	44	1	3	40
New Haven Unit (University Service)[*†]	New Haven, Conn.	F. G. Blake	1,959	21,569	334	143	5	10	40
Hospital of St. Raphael	New Haven, Conn.	T. Evans and J. Mignone	1,527	1,336	230	32	1	3	75
Lawrence and Memorial Associated Hospitals[*†]	New London, Conn.	A. Labensky	1,485	...	149	9	2	2	125
Norwalk Hospital[*†]	Norwalk, Conn.	D. L. Ehrich	1,724	243	175	55	2	2	155
St. Mary's Hospital[*†]	Waterbury, Conn.	W. Finkelstein	3,634	1,842	266	72	2	4	150
Waterbury Hospital[*†]	Waterbury, Conn.	O. J. Bizzozero	4,804	6,754	210	105	2	6	100
Delaware Hospital[*†]	Wilmington, Del.	L. B. Flinn	2,078	7,090	225	109	2	5	130
Memorial Hospital[*†]	Wilmington, Del.	L. B. Flinn	1,267	2,210	141	87	3	4	125
Wilmington General Hospital[*†]	Wilmington, Del.	J. R. Durham, Jr.	1,743	1,081	101	39	2	2	250
Central Dispensary and Emergency Hospital[*†]	Washington, D. C.	J. Minor	1,320	4,204	106	45	2	5	75
Doctors Hospital[*]	Washington, D. C.	A. McNitt	1,938	...	113	64	2	3	100
Gallinger Municipal Hospital[*†]	Washington, D. C.	H. H. Hussey and M. Romansky	3,858	8,557	700	247	18	20	100
Garfield Memorial Hospital[*†]	Washington, D. C.	L. Thompson, Jr.	1,616	1,896	130	67	2	6	75
Georgetown University Hospital[*†.35]	Washington, D. C.	H. J. Jeghers	2,747	18,375	181	119	6	23	25
George Washington University Hospital[*†]	Washington, D. C.	T. McP. Brown	1,366	7,951	19	14	3	10	130
Providence Hospital[*†]	Washington, D. C.	M. J. McInerney	1,771	20,746	172	72	1	3	75
Duval Medical Center[*†]	Jacksonville, Fla.	L. Limbaugh	1,777	11,347	266	116	2	3	125
Riverside Hospital †	Jacksonville, Fla.	T. Z. Cason	905	6,917	42	10	1	1	150
St. Luke's Hospital[*]	Jacksonville, Fla.						..	..	...
Jackson Memorial Hospital[*†]	Miami, Fla.	J. H. Putman	3,764	23,198	561	291	6	11	60
Orange Memorial Hospital[*†]	Orlando, Fla.	M. Mallory	1,249	...	159	57	2	2	210
Tampa Municipal Hospital[*]	Tampa, Fla.	H. P. Hampton	1,917	3,663	235	54	1	1	100
Crawford W. Long Memorial Hospital[*†]	Atlanta, Ga.	L. Henry	2,673	564	227	51	4	7	75

Numerical and other references will be found on page 462.

V 14
1951

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[8]	Total Residences Offered[8]	Beginning Stipend (Month)
Grady Memorial Hospital*[1]	Atlanta, Ga.	P. B. Beeson	2,684	73,785	388	287	10	16	20
Piedmont Hospital*[1]	Atlanta, Ga.	J. E. Paullin	946	...	34	21	1	3	90
St. Joseph's Infirmary*[1]	Atlanta, Ga.	M. I. Lowance	1,244	916	68	22	1	3	170
University Hospital*[1]	Augusta, Ga.	V. P. Sydenstricker	2,266	6,008	268	51	4	7	40
Emory University Hospital*[1]	Emory University, Ga.	D. F. James	2,244	...	140	78	4	8	25
Alexian Brothers Hospital*[1]	Chicago	K. W. Ossendorff	1,728	...	195	66	1	1	125
American Hospital*[1]	Chicago	M. Afremow	1,192	11,232	142	43	1	1	50
Augustana Hospital*[1]	Chicago	C. Hedberg	2,305	2,150	165	16	4	9	75
Cook County Hospital*[1]	Chicago	E. F. Foley	18,097	23,291	3,954	622	..	36	32
Englewood Hospital*[1]	Chicago	F. Stenn	1,487	487	150	45	1	1	150
Grant Hospital*[1]	Chicago	A. Van der Kloot	1,447	3,672	117	60	2	6	150
Henrotin Hospital*[1]	Chicago	F. K. Hick	898	1,558	58	24	1	1	100
Hospital of St. Anthony de Padua*[1]	Chicago	F. L. Foran	1,784	150	126	42	1	1	150
Illinois Central Hospital*[1]	Chicago	L. H. Sloan	2,354	15,901	129	49	1	1	206.32
Illinois Masonic Hospital*[1]	Chicago	H. H. Hayes	2,358	9,657	212	94	3	6	50
Loretto Hospital*[1]	Chicago	S. Plice	562	...	47	30	1	1	150
Lutheran Deaconess Home and Hospital*[1]	Chicago	G. O. Solem	1,752	...	183	0	1	1	100
Mercy Hospital*[1]	Chicago	G. O'Brien	1,880	21,905	125	41	2	4	25
Michael Reese Hospital*[1, 4]	Chicago	R. V. Levy	2,161	33,732	126	72	3	10	25
Mount Sinai Hospital*[1]	Chicago	E. B. Freilich	2,518	33,244	182	64	2	4	50
Norwegian American Hospital*[1]	Chicago	M. P. Gethner	1,452	...	162	56	1	1	150
Passavant Memorial Hospital*[1]	Chicago	A. R. Colwell	1,848	2,399	91	53	2	5	...
Presbyterian Hospital*[1]	Chicago	S. H. Armstrong, Jr.	3,929	23,679	217	130	6	15	25
Provident Hospital*[1]	Chicago	A. F. Connor	735	...	99	27	3	3	50
Ravenswood Hospital*[1]	Chicago	L. E. Barryte	2,266	188	150	112	1	2	75
Research and Educational Hospitals*[1]	Chicago	R. W. Keeton	817	16,521	51	42	2	5	55
St. Anne's Hospital*[1]	Chicago	S. G. Plice	2,255	3,262	233	49	2	2	150
St. Elizabeth Hospital*[1]	Chicago	L. J. Lata	2,852	...	206	39	1	1	100
St. Joseph Hospital*[1]	Chicago	L. E. Hines	1,232	1,448	103	43	2	2	125
St. Luke's Hospital*[1]	Chicago	F. E. Ball	3,749	8,658	226	163	6	17	25
St. Mary of Nazareth Hospital*[1]	Chicago	C. E. Thompson	2,863	356	225	70	1	3	100
University of Chicago Clinics*[1]	Chicago	W. Adams	2,336	23,020	132	104	8	20	25
Wesley Memorial Hospital*[1]	Chicago	P. S. Rhoads	3,906	...	159	83	3	9	25
Women and Children's Hospital*[1]	Chicago	O. Zelezny	409	2,507	12	2	1	1	75
Woodlawn Hospital*[1]	Chicago	W. E. Gouwens	1,747	290	107	56	1	1	150
Evanston Hospital*[1]	Evanston, Ill.	L. J. Smoff	3,262	8,693	195	141	2	6	50
St. Francis Hospital*[1]	Evanston, Ill.	M. W. Sbertoli	2,986	4,177	231	105	2	6	150
Little Company of Mary Hospital*[1]	Evergreen Park, Ill.	W. J. Hagstrom	3,086	...	321	66	3	3	100
West Suburban Hospital*[1]	Oak Park, Ill.	F. Tice	1,557	1,036	250	94	1	3	150
St. Francis Hospital*[1]	Peoria, Ill.	G. M. Parker	2,663	21,425	286	105	1	2	100
Clinic Hospital	Bufton, Ind.	A. C. Nickel	1,870	...	44	27	1	2	100
Indianapolis General Hospital*[1]	Indianapolis	C. J. Clark	1,475	24,249	267	111	4	12	80
Indiana University Medical Center*[1]	Indianapolis	J. O. Ritchey	1,991	7,599	148	123	3	7	150
Methodist Hospital*[1]	Indianapolis	R. Nay	2,596	5,506	341	121	3	9	260
St. Vincent's Hospital*[1]	Indianapolis	R. Vandivier	1,438	6,105	167	62	1	3	200
St. Elizabeth's Hospital*[1]	Lafayette, Ind.	R. A. Flack	2,454	11,215	174	40	1	3	150
Ball Memorial Hospital*[1]	Muncie, Ind.	C. A. Ball	1,396	...	184	65	2	2	150
Iowa Methodist Hospital*[1]	Des Moines	C. A. Sones	2,159	...	163	64	2	4	100
University Hospitals*[1]	Iowa City	W. Bean	2,854	1,772	191	141	8	20	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	M. Delp	1,879	29,754	150	85	3	7	100
St. Francis Hospital*[1]	Wichita, Kans.	W. C. Goodpasture	3,958	...	202	73	2	2	...
Wesley Hospital*[1]	Wichita, Kans.	G. F. Corrigan	2,336	...	115	36	1	3	...
Good Samaritan Hospital*[1, 18]	Lexington, Ky.	J. Scott	1,802	...	136	46	2	1	75
St. Joseph Hospital*[1]	Lexington, Ky.	J. W. Scott	1,725	...	137	75	1	2	140
Louisville General Hospital*[1]	Louisville, Ky.	J. M. Kinsman	1,731	28,013	383	134	8	19	45
St. Joseph Infirmary*	Louisville, Ky.	R. S. Dyer	2,506	324	195	65	1	3	150
Charity Hospital of Louisiana*[1]	New Orleans	...	8,124	94,343	1,097	422	8	29	25
Hotel Dieu, Sisters Hospital*[1]	New Orleans	E. de S. Matthews	2,758	390	216	50	1	3	100
Ochsner Foundation Hospital*[1]	New Orleans	T. Findley	2,192	24,783	55	37	6	18	125
Southern Baptist Hospital*[1]	New Orleans	J. W. Wells	4,384	...	259	...	1	3	125
Touro Infirmary*[1]	New Orleans	W. R. Wirth	2,903	8,601	182	92	2	6	17
Shreveport Charity Hospital*[1]	Shreveport, La.	M. D. Hargrove	3,590	28,628	296	151	3	7	60
Maine General Hospital*[1]	Portland, Me.	E. R. Blaisdell	1,648	...	127	59	3	5	50
Baltimore City Hospitals*[1]	Baltimore	C. H. Boyd	2,051	2,021	333	190	6	14	15
Church Home and Hospital*[1]	Baltimore	Z. R. Morgan	789	1,120	77	41	1	2	75
Franklin Square Hospital*[1]	Baltimore	R. H. Siver	1,039	820	43	10	2	4	125
Hospital for Women*[1]	Baltimore	W. Fort	735	4,639	53	20	1	3	50
Johns Hopkins Hospital*[26]	Baltimore	A. M. Harvey	3,760	28,495	297	205	14	24	41.66
Lutheran Hospital*[1]	Baltimore	L. A. M. Krause	1,181	725	115	57	2	5	85
Maryland General Hospital*[1]	Baltimore	J. E. Legge	1,047	338	158	46	1	2	50
Mercy Hospital*[1]	Baltimore	H. R. Peters	1,345	6,405	126	75	2	5	75
Provident Hospital and Free Dispensary*[1]	Baltimore	E. B. Jarrett	476	550	118	24	1	4	100
St. Agnes Hospital*[1]	Baltimore	L. P. Gundry	1,534	242	98	53	1	3	75
St. Joseph's Hospital*[1]	Baltimore	F. J. Geraghty	1,019	864	144	41	2	3	115
Sinai Hospital*[1]	Baltimore	M. Sherry	1,803	...	189	75	4	6	35
South Baltimore General Hospital*[1]	Baltimore	G. McLean	1,034	254	112	40	2	3	125
Union Memorial Hospital*[1]	Baltimore	R. G. Hills	1,684	2,083	201	104	4	6	40
University Hospital*[1]	Baltimore	M. C. Pincoffs	1,285	12,274	105	40	6	12	...
Beverly Hospital*	Beverly, Mass.	A. E. Parkhurst	1,695	1,294	79	54	1	1	100
Beth Israel Hospital*[1]	Boston	H. Blumgart	1,737	10,390	164	102	6	13	41.66
Boston City Hospital*[1, 36]	Boston		11,952	53,702	1,763	693	26	51	90
I and III Service		F. Biguria							
II and IV Service		W. B. Castle							
V and VI Service		J. A. Foley							
Carney Hospital*[1]	Boston	N. A. Welch	824	1,933	115	23	1	2	75
Faulkner Hospital*[1]	Boston	J. R. Graham	914	...	68	42	2	2	140
Lahey Clinic [1]	Boston	F. N. Allan	4,704	95,041	94	53	16	31	110
Massachusetts General Hospital*[1]	Boston	J. H. Means	1,843	17,631	275	191	9	13	41.66
Massachusetts Memorial Hospital*[1]	Boston	C. S. Keefer	1,456	6,653	98	58	4	7	50
New England Center Hospital*[1, 36]	Boston	S. Proger	4,366	...	62	30	..	19	83.33
New England Deaconess Hospital [1]	Boston	H. F. Root	2,207	...	69	47	6	6	150
Peter Bent Brigham Hospital*[1]	Boston	G. W. Thorn	2,532	25,453	236	164	9	16	...
Cambridge City Hospital*[1]	Cambridge, Mass.	J. M. Flynn	1,284	5,098	216	90	2	4	125
Mount Auburn Hospital*[1]	Cambridge, Mass.	J. H. Townsend	1,139	3,518	144	71	3	3	75
Truesdale Hospital*[1]	Fall River, Mass.	W. Mason	842	4,336	87	37	1	1	75
Lynn Hospital*[1]	Lynn, Mass.	A. Coyner	1,598	4,073	197	45	1	1	...
Malden Hospital	Malden, Mass.	E. G. Thorp	1,019	...	128	33	2	3	50
Newton Wellesley Hospital*[1]	Newton Lower Falls, Mass.	E. E. Kattwinkel	1,552	2,308	139	61	1	1	100
Salem Hospital*[1]	Salem, Mass.	S. N. Gardner	1,339	268	191	65	1	1	85
Springfield Hospital*[1]	Springfield, Mass.	W. C. Barnes	1,980	9,426	207	67	3	6	50

Numerical and other references will be found on page 462.

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Beginning Stipend (Month)
Memorial Hospital*†	Worcester, Mass.	E. C. Miller	1,931	657	139	54	1	2	100
St. Vincent Hospital*	Worcester, Mass.	J. T. Brosnan	2,244	...	176	59	2	5	58.33
Worcester City Hospital*†	Worcester, Mass.	E. Budnitz	2,341	...	348	152	2	2	100
St. Joseph's Mercy Hospital*†	Ann Arbor, Mich.	M. Marshall	2,175	...	131	66	3	5	125
University Hospital*†	Ann Arbor, Mich.	C. C. Sturgis	3,771	114,594	244	172	10	39	124
Alexander Blain Hospital	Detroit	H. L. Woodburne	1,103	14,732	23	8	1	3	150
City of Detroit Receiving Hospital*†	Detroit	G. B. Myers	3,518	56,434	747	361	7	19	217
Detroit Memorial Hospital*†	Detroit	W. J. Wilson, Jr.	2,780	2,981	208	85	2	6	150
Evangelical Deaconess Hospital*†	Detroit	L. Stern	2,128	...	192	33	1	3	200
Florence Crittenton Hospital	Detroit	W. B. Cooksey	756	...	60	18	1	1	150
Grace Hospital*†	Detroit	D. W. Myers	4,934	15,892	359	131	4	4	225
Harper Hospital*†	Detroit	W. D. Mayer	3,924	17,365	340	134	4	8	205
Henry Ford Hospital*†	Detroit	J. Sladen	5,600	131,371	262	152	12	55	225
Jennings Memorial Hospital*†	Detroit	E. K. Carmichael	222	...	10	10	3	3	250
Mt. Carmel Mercy Hospital*†	Detroit	H. L. Smith	3,246	...	310	97	4	8	125
Providence Hospital*†	Detroit	M. R. McQuiggan	1,846	...	190	85	1	3	...
Woman's Hospital*†	Detroit	B. I. Johnstone	891	160	79	32	1	1	180
Wayne County General Hospital and Infirmary*†	Eloise, Mich.	M. R. McQuiggan	3,428	...	636	186	3	12	252
Hurley Hospital*	Flint, Mich.	M. S. Chambers	4,711	...	354	124	..	6	164
Blodgett Memorial Hospital*†	Grand Rapids, Mich.	C. B. Beeman	869	133	94	44	1	3	200
Butterworth Hospital*†	Grand Rapids, Mich.	L. P. Ralph	1,583	732	190	108	1	3	125
St. Mary's Hospital*†	Grand Rapids, Mich.	R. Vander Meer	1,296	22	179	46	1	1	125
Highland Park General Hospital*†	Highland Park, Mich.	J. K. Bell	1,176	743	32	9	1	3	208
Bronson Methodist Hospital*†	Kalamazoo, Mich.	J. V. Fopeano	1,378	2,082	86	45	1	3	150
Edward W. Sparrow Hospital*†	Lansing, Mich.	F. Swartz	1,420	2,375	134	66	1	1	325
St. Lawrence Hospital*	Lansing, Mich.	F. Swartz	2,158	6,727	211	106	..	..	275
Pontiac General Hospital*†	Pontiac, Mich.	D. Smith	2,620	2,204	139	53	2	4	100
Saginaw General Hospital*†	Saginaw, Mich.	B. M. Bullington	1,909	517	74	48	1	3	300
Asbury Hospital*†	Minneapolis	D. R. Hastings	2,372	...	138	56	1	1	150
Minneapolis General Hospital*†	Minneapolis	T. T. Lowry	1,996	11,544	341	138	4	8	125
Northwestern Hospital*†	Minneapolis	H. E. Miller	1,948	...	145	88	2	4	175
St. Barnabas Hospital*†	Minneapolis	A. W. Shea	1,936	...	133	85	1	2	...
University of Minnesota Hospitals*†	Minneapolis	C. J. Watson	1,208	...	116	91	58	58	...
Mayo Foundation	Rochester, Minn.						45	140	135
Ancker Hospital*†	St. Paul	J. E. Holt	1,429	12,841	176	147	3	9	91.50
Charles T. Miller Hospital*†	St. Paul	E. T. Richards and C. N. Hensel	2,441	16,207	100	55	..	2	115
St. Joseph's Hospital*†	St. Paul	J. M. Ryan	1,632	519	9	1	1	1	125
St. Louis County Hospital*†	Clayton, Mo.	R. Barther	1,462	23,076	245	142	3	6	95
Kansas City General Hospital No. 1*†	Kansas City, Mo.	F. S. Morest	2,707	29,020	440	228	4	12	75
Menorah Hospital Medical Center*†	Kansas City, Mo.	A. M. Ginsberg	1,911	...	86	38	1	3	200
Research Hospital*†	Kansas City, Mo.	R. C. Davis	3,369	3,453	170	84	1	3	150
St. Joseph Hospital*†	Kansas City, Mo.	T. R. Jones	3,146	4,001	163	97	..	..	...
St. Luke's Hospital*†	Kansas City, Mo.	J. Danglade	3,323	...	...	...	1	3	150
St. Mary's Hospital*†	Kansas City, Mo.	H. M. Parker	1,605	...	107	57	1	1	125
Barnes Hospital*†	St. Louis	W. B. Wood	4,412	42,103	229	170	9	31	...
De Paul Hospital*	St. Louis	L. D. Cassidy	1,706	2,991	196	66	1	3	150
Homer G. Phillips Hospital*†	St. Louis	J. Smith	2,113	18,984	599	103	..	7	132.80
Jewish Hospital*†	St. Louis	A. E. Strauss	3,371	12,519	254	97	..	6	100
Missouri Baptist Hospital*†	St. Louis	R. M. Smith	2,261	...	188	50	3	6	90
Missouri Pacific Hospital	St. Louis	L. B. Harrison	3,981	48,212	85	31	4	6	100
St. Anthony's Hospital*†	St. Louis	R. V. Powell	1,565	...	106	53	1	1	150
St. John's Hospital*	St. Louis	C. H. Neilson	1,994	5,296	170	72	1	3	75
St. Louis City Hospital*†	St. Louis	R. G. Lasser and W. A. Knight	3,449	9,686	495	208	10	18	123
St. Luke's Hospital*†	St. Louis	J. Jensen	1,206	2,683	107	48	1	1	200
St. Mary's Group of Hospitals*†	St. Louis	R. A. Kinsella	2,974	27,154	263	115	5	15	35
Montana Deaconess Hospital*	Great Falls, Mont.	F. R. Schemm					..	5	...
Creighton Memorial-St. Joseph's Hospital*	Omaha	H. N. Neu	3,229	33,458	213	71	1	3	100
University of Nebraska Hospital*†.38	Omaha	H. C. Lueth	502	3,820	33	30	4	11	125
Mary Hitchcock Memorial Hospital*†	Hanover, N.H.	S. M. Lyundersen	1,751	16,150	78	61	1	7	163
Atlantic City Hospital*	Atlantic City, N.J.	D. W. Seanlan	1,327	3,805	259	62	1	3	125
Cooper Hospital*	Camden, N.J.	R. L. Sharp	643	...	98	51	1	1	83.33
Englewood Hospital*†	Englewood, N.J.	W. W. Schmidt	938	1,144	172	48	1	1	100
Hackensack Hospital*†	Hackensack, N.J.	L. W. Black	2,561	6,148	306	68	2	3	194
Jersey City Hospital*†	Jersey City, N.J.	T. J. White	8,745	48,525	1,014	266	8	20	35
Monmouth Memorial Hospital*†	Long Branch, N.J.	F. J. Altschul	1,906	1,426	245	62	2	2	200
Mountainside Hospital*†	Montclair, N.J.	C. G. Weston	2,394	6,556	240	92	1	3	100.74
Burlington County Hospital*†	Mount Holly, N.J.	P. S. MacNeal	589	379	72	39	1	1	100
Fitkin Memorial Hospital*†	Neptune, N.J.	L. F. Albright	1,812	1,529	216	56	1	2	200
Newark Beth Israel Hospital*†	Newark, N.J.	J. G. Kaufman	2,003	12,655	245	73	1	2	50
Newark City Hospital*†	Newark, N.J.	R. J. Mullin	3,746	2,972	671	162	1	3	100
St. Michael's Hospital*	Newark, N.J.	N. A. Antonius	2,351	6,715	241	88	3	3	100
St. Peter's General Hospital*	New Brunswick, N.J.	J. Sandella	1,122	883	139	46	1	1	150
Orange Memorial Hospital*†	Orange, N.J.		2,015	10,020	279	105	1	1	100
Paterson General Hospital*†	Paterson, N.J.	J. E. Leach	1,446	957	224	57	2	2	100
St. Francis Hospital*†	Trenton, N.J.	P. Corrigan	1,482	2,297	199	38	2	4	200
Albany Hospital*†	Albany, N.Y.	R. T. Beebe	2,215	5,472	229	119	2	5	50
Binghamton City Hospital*†	Binghamton, N.Y.	C. S. Benson	4,036	169	340	141	3	7	136.50
Beth El Hospital*†	Brooklyn	M. Jacobi	776	9,830	90	18	1	3	100
Brooklyn Hospital*†	Brooklyn	E. P. Maynard	1,958	16,339	148	49	4	8	25
Coney Island Hospital*†	Brooklyn	M. Mensch	1,770	42,677	418	55	2	4	90
Cumberland Hospital*†	Brooklyn	S. P. Bailey	2,138	25,485	365	100	3	4	80
Greenpoint Hospital*†	Brooklyn	J. N. Cohen	1,070	19,231	376	67	4	5	140
Jewish Hospital*†	Brooklyn	S. J. Cohen	1,709	12,740	217	51	4	16	25
Jewish Sanitarium and Hospital for Chronic Diseases	Brooklyn								...
Kings County Hospital*†	Brooklyn	H. Feinblatt and W. Dock	14,582	36,249	2,304	428	13	13	...
Long Island College Hospital*†	Brooklyn	J. H. Crawford	2,279	5,858	231	62	4	5	25
Maimonides Hospital*†	Brooklyn	D. R. Seegal	2,080	24,343	223	60	4	5	75
Methodist Hospital*†	Brooklyn	I. L. Cabot, Sr., and T. T. Mayo	1,883	5,287	199	85	2	5	25
Norwegian Lutheran Deaconesses' Home and Hosp.*†	Brooklyn	A. Andersen	1,127	841	114	53	2	2	75
St. Catherine's Hospital*†	Brooklyn	M. A. Murphy and V. Anello	1,434	3,191	172	50	2	3	75
St. John's Hospital*†	Brooklyn	L. B. Eckerson	1,543	1,913	97	21	1	1	120
St. Mary's Hospital*†	Brooklyn	H. F. Beakey	818	1,561	113	31	3	3	80
Wyckoff Heights Hospital*†	Brooklyn	J. C. Indelicato	1,019	1,938	178	53	1	4	...
Buffalo General Hospital*†	Buffalo	J. H. Talbott	2,728	17,110	267	125	10	10	25
Deaconess Hospital*†	Buffalo	M. S. Howland	2,215	1,137	249	52	1	3	125
Edward J. Meyer Memorial Hospital*†	Buffalo	D. K. Miller	3,378	14,089	396	143	7	18	100
Emergency Hospital of the Sisters of Charity*†	Buffalo	H. Brown	2,058	980	451	121	1	1	150
Millard Fillmore Hospital*†	Buffalo	J. F. Painton	2,541	724	283	135	2	6	50

Numerical and other references will be found on page 462.

V 14
1951

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Beginning Stipend (Month)
Clifton Springs Sanitarium and Clinic [1]	Clifton Springs, N.Y.	B. A. Watson	2,204	4,767	55	25	1	3	100
Mary Imogene Bassett Hospital*[1]	Cooperstown, N.Y.	J. Bordley III	707	5,477	47	28	1	4	83.33
Flushing Hospital and Dispensary*[1]	Flushing, N.Y.	D. J. Swan	1,829	5,622	234	55	1	2	100
Meadowbrook Hospital*[1]	Hempstead, N.Y.	E. C. Jessup and B. R. Allison	1,243	...	215	108	4	6	135
Cornell University Infirmary [1]	Ithaca, N.Y.	M. S. Moore	1,602	1,567	..	..	2	2	208.33
Tompkins County Memorial Hospital [1]	Ithaca, N.Y.	L. C. Mooney	1,378	..	87	29	..	..	208.33
Mary Immaculate Hospital*[1]	Jamaica, N.Y.	..	1,182	1,063	93	22	..	..	..
Queens General Hospital*[1]	Jamaica, N.Y.	J. R. Reuling	5,183	32,623	1,189	423	13	16	80
Charles S. Wilson Memorial Hospital*[1]	Johnson City, N.Y.	E. M. Jones	2,702	...	221	79	3	6	150
Mount Vernon Hospital*[1]	Mount Vernon, N.Y.	P. Reanikoff	1,751	783	164	70	1	2	125
New Rochelle Hospital*	New Rochelle, N.Y.	W. Meredith	4,250	1,935	60	40	1	3	125
Bellevue Hospital, Div. I, Columbia University*[1]	New York City	D. W. Richards	2,086	19,521	214	69	6	11	80
Bellevue Hospital, Div. II, Cornell University*[1]	New York City	E. H. Luckey	2,031	34,997	179	53	..	10	80
Bellevue Hospital, Div. III, New York University*[1]	New York City	W. S. Tillett	5,176	9,612	773	198	10	17	80
Bellevue Hospital, Div. IV, New York University*[1,7]	New York City	C. F. Wilkinson	1,526	19,262	254	101	12	36	80
Beth David Hospital*	New York City	H. A. Solomon	858	4,367	107	29	1	2	100
Beth Israel Hospital*[1,3]	New York City	A. M. Fishberg	1,550	7,875	140	59	4	5	50
Bronx Hospital*[1]	New York City	H. Wessler	1,787	13,797	143	31	2	6	35
Flower and Fifth Avenue Hospitals*[1]	New York City	L. J. Boyd	1,230	4,029	90	15	3	5	..
Fordham Hospital*[1]	New York City	E. Pasquarelli	3,900	35,443	936	180	9	11	80
French Hospital*[1]	New York City	..	..	..	..	..	..	..	..
Goldwater Memorial Hospital*[1]	New York City	R. D. Beck and M. Rosenbluth	877	1,941	147	33	7	11	80
Gouverneur Hospital*[1]	New York City	T. Sanders	1,290	19,536	355	37	4	6	90
Harlem Hospital*[1]	New York City	A. Altschul	3,807	69,096	648	105	2	2	80
Hospital for Joint Diseases*[1]	New York City	M. Vorhaus and M. Dinnerstein	687	21,427	47	22	2	2	40
Hospital for Special Surgery	New York City	R. Freyberg	385	7,315	11	4	3	3	160
Jewish Memorial Hospital*	New York City	D. Greenberg and M. A. Miller	1,367	3,041	149	36	1	1	100
Knickerbocker Hospital*[1]	New York City	S. Johnson	2,327	5,039	225	38	..	..	100
Lebanon Hospital*[1]	New York City	D. Greenberg and S. Weiskopf	1,683	...	37	9	1	1	100
Lenox Hill Hospital*[1]	New York City	C. E. de la Chapelle and E. A. Lawrence	1,771	8,857	129	43	2	2	50
Lincoln Hospital*[1]	New York City	S. Johnson	2,788	65,292	623	89	4	14	..
Memorial Hospital [1]	New York City	R. W. Bawson	584	7,988	99	59	12	24	80
Metropolitan Hospital*[1]	New York City	L. J. Boyd	4,571	40,719	592	118	5	8	80
Montefiore Hospital for Chronic Diseases*[1,13]	New York City	L. Leiter	1,596	6,589	190	102	8	9	60
Morrisania City Hospital*[1]	New York City	S. Bilboon and D. Greenberg	4,257	9,966	939	190	8	13	80
Mount Sinai Hospital*[1]	New York City	A. R. Gutman and I. Snapper	4,944	68,937	360	181	16	20	50
New York City Hospital*	New York City	H. E. Marks and R. E. Gordon	3,979	34,942	512	138	2	4	80
New York Hospital*[1]	New York City	D. P. Barr	1,843	53,411	201	175	14	18	25
New York Infirmary*[1]	New York City	M. E. Manter	413	6,612	12	4	1	1	75
New York Polyclinic Medical School and Hospital*[1]	New York City	J. Carroll	1,676	5,753	77	24	1	2	75
Presbyterian Hospital*[1]	New York City	R. F. Loeb	6,182	33,769	254	104	12	18	208
Roosevelt Hospital*[1]	New York City	H. F. Shattuck and J. M. Preston	2,354	...	246	109	6	12	..
St. Barnabas Hospital for Chronic Diseases [1]	New York City	R. Wegria	610	2,992	45	21	2	3	100
St. Clare's Hospital*	New York City	J. P. Croce	2,493	15,703	150	65	1	3	25
St. Francis Hospital*[1]	New York City	C. G. Hebermann	1,404	..	178	32	1	2	75
St. Luke's Hospital*[1]	New York City	J. H. Keating	3,787	35,632	263	162	5	13	60
St. Vincent's Hospital*[1]	New York City	F. W. Baldwin	2,937	20,490	384	164	8	15	50
Sydenham Hospital*[1]	New York City	E. Appelbaum	727	3,390	73	20	1	1	140
University Hospital*[1]	New York City	C. F. Wilkinson, Jr.	1,592	30,973	117	34	9	31	80
United Hospital*[1]	Port Chester, N.Y.	N. Schwartz	1,340	1,099	120	33	1	2	150
Genesee Hospital*[1]	Rochester, N.Y.	C. Boller	1,629	7,029	185	108	1	4	41.66
Highland Hospital*[1]	Rochester, N.Y.	E. Soble	1,465	1,119	153	77	2	4	100
Rochester General Hospital*[1]	Rochester, N.Y.	L. Pulsifer	2,298	4,995	244	145	3	9	55
St. Mary's Hospital*[1]	Rochester, N.Y.	L. La Palm	3,006	8,146	302	162	4	8	125
Strong Memorial-Rochester Municipal Hospital*[1]	Rochester, N.Y.	W. S. McCann	4,464	19,522	407	258	7	15	41.66
Ellis Hospital*[1]	Schenectady, N.Y.	H. E. Reynolds	3,053	...	259	129	1	3	100
St. Vincent's Hospital*	Staten Island, N.Y.	H. A. Cochrane	1,571	2,780	186	50	1	1	125
Staten Island Hospital*[1]	Staten Island, N.Y.	J. J. Silverman	1,575	1,721	45	25	1	1	200
Hospital of the Good Shepherd*[1]	Syracuse, N.Y.	R. Lyons	1,384	..	168	81	7	15	125
Grasslands Hospital*[1]	Valhalla, N.Y.	R. Heffner	984	10,686	186	119	2	5	125
White Plains Hospital*[1]	White Plains, N.Y.	E. W. Weber	1,378	1,212	105	54	1	2	75
Charlotte Memorial Hospital*[1]	Charlotte, N.C.	C. H. McKay	1,945	3,071	108	66	1	2	100
Duke Hospital*[1]	Durham, N.C.	E. A. Stead	3,843	25,622	180	113	10	20	..
Watts Hospital*[1]	Durham, N.C.	I. H. Manning, Jr.	2,593	17,485	115	40	2	4	50
Rex Hospital*[1]	Raleigh, N.C.	W. B. Dewar	3,039	8,689	160	38	1	3	150
James Walker Memorial Hospital*[1]	Wilmington, N.C.	S. E. Warshauer	2,742	5,597	132	33	1	3	125
City Memorial Hospital*[1]	Winston-Salem, N.C.	J. D. Davis	1,191	2,777	104	29	1	4	150
Kate Bitting Reynolds Memorial Hospital*	Winston-Salem, N.C.	E. L. Davis	1,977	4,788	195	41	1	3	150
North Carolina Baptist Hospital*[1]	Winston-Salem, N.C.	G. T. Harrell	2,575	16,833	153	72	12	24	41.66
Bismarck Hospital	Bismarck, N.D.	C. H. Peters	1,443	62,456	83	37	2	2	300
St. Luke's Hospital	Fargo, N.D.	..	..	..	..	..	..	..	..
City Hospital*[1]	Akron, Ohio	R. Wilson	4,515	9,218	425	122	2	5	140
Peoples Hospital*[1]	Akron, Ohio	R. F. Jukes	1,684	5,767	127	56	2	5	200
St. Thomas Hospital*[1]	Akron, Ohio	P. R. Adams	2,215	2,210	126	36	1	2	200
Aultman Hospital*[1]	Canton, Ohio	J. E. Aten	2,885	745	196	104	2	4	125
Mercy Hospital*[1]	Canton, Ohio	I. B. Hamilton	2,035	894	178	52	2	5	125
Christ Hospital*	Cincinnati	W. O. Ramey	1,369	7,502	169	52	1	3	125
Cincinnati General Hospital*[1,10,14]	Cincinnati	M. A. Blankenhorn	2,293	37,445	505	251	11	18	..
Deaconess Hospital*[1]	Cincinnati	L. B. Owens	3,263	..	147	37	3	3	150
Good Samaritan Hospital*[1]	Cincinnati	L. P. Stickley	3,506	6,383	261	118	2	6	155
Jewish Hospital*[1]	Cincinnati	R. C. Rothenberg	4,823	5,158	293	159	5	9	60
City Hospital*[1]	Cleveland	R. W. Scott	2,403	33,882	533	234	8	18	67
Cleveland Clinic Hospital	Cleveland	A. C. Ernstene	1,460	48,413	96	60	5	54	..
Fairview Park Hospital*[1]	Cleveland	H. C. King	1,581	999	109	35	1	2	100
Lutheran Hospital*	Cleveland	M. August	1,292	..	98	49	1	3	85
Mount Sinai Hospital*[1]	Cleveland	A. J. Patek, Jr.	2,073	25,239	238	112	4	5	100
St. Alexis Hospital*[1]	Cleveland	H. V. Paryzek	2,780	3,513	190	62	2	4	100
St. John's Hospital*[1]	Cleveland	E. J. Stefanic	1,592	2,392	162	43	2	4	110
St. Luke's Hospital*[1]	Cleveland	A. D. Nichol	3,375	17,994	219	90	2	5	100
St. Vincent Charity Hospital*[1]	Cleveland	C. S. Stone	1,222	18,690	108	24	2	6	75
University Hospitals*[1]	Cleveland	J. T. Wearn	4,002	30,464	389	..	20	35	..
Mount Carmel Hospital*[1]	Columbus, Ohio	P. T. Knies	1,694	467	164	78	2	5	135

Numerical and other references will be found on page 462.

147
51

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
University Hospitals									
Ohio State University Hospital[*1]	Columbus, Ohio	B. K. Wiseman	1,195	20,716	132	117	8	14	50
St. Francis Hospital	Columbus, Ohio		...	...	...	...	..	..	...
White Cross Hospital[*1]	Columbus, Ohio	R. W. Kissane	1,770	...	184	56	1	2	100
Miami Valley Hospital[*]	Dayton, Ohio	R. M. Craig	2,857	4,486	304	129	1	3	75
Huron Road Hospital[*1]	East Cleveland, Ohio	E. A. Marshall	1,189	3,214	139	58	3	6	150
Lakewood Hospital[*]	Lakewood, Ohio	J. T. Ledman	921	1,880	143	48	4	4	100
St. Rita's Hospital[*1]	Lima, Ohio	F. G. Maurer	2,364	853	204	76	1	3	100
Maumee Valley Hospital[*]	Toledo, Ohio	J. L. Kobacker	1,168	6,881	225	81	4	7	125
Mercy Hospital[*1]	Toledo, Ohio	G. W. Basecom	2,212	1,580	89	61	1	1	137.50
St. Vincent's Hospital[*1]	Toledo, Ohio	M. A. Schnitker	2,027	...	190	65	2	5	125
Toledo Hospital[*1]	Toledo, Ohio	C. S. Mundy	2,448	1,540	165	78	2	4	125
St. Elizabeth's Hospital[*]	Youngstown, Ohio	M. W. Neidus	2,491	1,585	228	66	1	2	110
Youngstown Hospital[*1, 15]	Youngstown, Ohio	W. H. Bunn	6,325	889	434	213	2	8	125
St. Anthony Hospital[*]	Oklahoma City	P. M. McNeill	2,665	1,108	239	91	1	2	150
University Hospitals[*1]	Oklahoma City	R. Q. Goodwin	1,004	15,321	121	47	7	7	50
Wesley Hospital[*1]	Oklahoma City	W. W. Rucks, Jr.	2,310	5,625	130	85	1	1	150
Hillcrest Memorial Hospital[*1]	Tulsa, Okla	H. A. Brocksmith	2,018	...	126	43	1	1	75
St. John's Hospital[*1]	Tulsa, Okla	S. Goodman	2,714	...	179	70	1	3	150
Emanuel Hospital[*1]	Portland, Ore	G. McCutchan	2,562	...	236	105	1	3	85
Good Samaritan Hospital[*1]	Portland, Ore	E. D. DuBois	4,979	...	259	138	1	1	145
Providence Hospital[*1]	Portland, Ore	E. Osgood	2,287	...	220	115	1	3	75
St. Vincent's Hospital[*1]	Portland, Ore	I. C. Brill	3,657	...	203	110	1	3	75
University of Oregon Medical School Hospitals and Clinics[*1]	Portland, Ore	H. P. Lewis	1,673	26,225	274	192	2	6	85
Abington Memorial Hospital[*1]	Abington, Pa	J. T. Beardwood, Jr.	1,589	3,352	178	82	1	2	50
Allentown Hospital[*1]	Allentown, Pa	C. Kelchner	2,403	2,767	321	194	1	1	100
Sacred Heart Hospital[*]	Allentown, Pa	A. W. Dubbs	2,194	5,267	258	83	1	1	150
St. Luke's Hospital[*1]	Bethlehem, Pa	L. I. Fisher	2,498	1,258	227	108	1	2	100
Bryn Mawr Hospital[*1]	Bryn Mawr, Pa	W. W. Dyer	1,436	892	173	96	1	2	75
George F. Geisinger Memorial Hospital[*1]	Danville, Pa	W. J. Stainsby	2,560	20,753	108	57	2	6	100
Easton Hospital[*]	Easton, Pa		...	...	...	...	..	..	...
Hamot Hospital[*1]	Erie, Pa	G. F. Stoney	1,245	2,271	109	39	1	1	150
Westmoreland Hospital[*1]	Greensburg, Pa	E. Hizhberger, Jr.	1,323	...	123	28	..	..	...
Harrisburg Hospital[*1]	Harrisburg, Pa	F. F. D. Reckord	2,107	5,319	283	113	1	2	
Harrisburg Polyclinic Hospital[*1]	Harrisburg, Pa	A. W. Cowley	2,238	1,738	191	49	1	2	200
Episcopal Hospital[*1]	Philadelphia	S. R. Vogel and L. A. Soloff	1,277	5,724	173	83	2	6	50
Germantown Dispensary and Hospital[*1]	Philadelphia	C. C. Watt, Jr. and R. L. Langdon	2,202	6,065	228	87	1	3	50
Graduate Hospital of the University of Pennsylvania[*1]	Philadelphia	H. L. Bockus	898	7,129	61	23	3	4	...
Hahnemann Hospital[*1]	Philadelphia	C. L. Brown	2,388	27,091	278	128	1	4	50
Hospital of the University of Pennsylvania[*1]	Philadelphia	F. C. Wood	4,625	4,957	198	128	20	20	...
Hospital of the Woman's Med. College of Pennsylvania[*1, 19]	Philadelphia	W. G. Leaman, Jr.	689	2,391	6	3	1	2	60
Jefferson Medical College Hospital[*]	Philadelphia	H. A. Reimann	2,581	38,909	214	142	14	14	...
Jewish Hospital[*1]	Philadelphia	J. C. Doane and H. L. Goldburgh	2,582	13,738	236	84	3	6	50
Lankenau Hospital[*1]	Philadelphia	E. L. Bortz and F. L. Hartmann	1,741	1,295	156	81	2	2	50
Methodist Episcopal Hospital[*1]	Philadelphia	H. R. Keeler and H. F. Robertson	811	1,659	111	29	1	1	100
Mount Sinai Hospital[*1]	Philadelphia	A. I. Rubenstone and T. H. Mendell	1,786	13,130	126	80	4	4	50
Pennsylvania Hospital[*]	Philadelphia		2,366	5,819	241	129	8	9	20
Philadelphia General Hospital[*1, 17]	Philadelphia	D. W. Kramer	5,044	...	1,069	578	6	16	75
Presbyterian Hospital[*1]	Philadelphia	T. G. Schnabel and J. W. Hundley	1,951	10,865	181	110	1	3	25
Temple University Hospital[*1]	Philadelphia	R. A. Kern	2,501	11,309	207	73	..	9	...
Woman's Hospital[*1]	Philadelphia	I. M. Ralph and M. H. Easby	795	5,026	33	13	1	2	100
Allegheny General Hospital[*1]	Pittsburgh	C. W. W. Elkin	401	5,369	33	10	2	4	100
Elizabeth Steel Magee Hospital	Pittsburgh	J. D. Heard	1,483	421	114	51	1	4	41.66
Mercy Hospital[*1]	Pittsburgh	W. G. MacLachlan	2,216	4,447	113	27	..	..	100
Montefiore Hospital[*1]	Pittsburgh	Y. D. Koskoff	1,654	3,947	160	86	2	7	50
Presbyterian Hospital[*1]	Pittsburgh	A. H. Colwell	2,607	6,473	211	62	..	..	41.66
St. Francis Hospital[*1]	Pittsburgh		1,631	6,439	205	32	..	..	...
St. Margaret Memorial Hospital[*]	Pittsburgh						..	..	...
Western Pennsylvania Hospital[*1]	Pittsburgh	F. A. Evans	3,467	4,465	348	77	2	4	100
Reading Hospital[*1]	Reading, Pa	H. P. Shellabear	1,476	1,250	260	112	2	2	125
St. Joseph's Hospital[*]	Reading, Pa	M. Wasserweig	1,652		146	83	..	..	...
Robert Packer Hospital[*1]	Sayre, Pa	S. B. Conklin	3,158	9,799	158	88	2	8	150
Scranton State Hospital[*]	Scranton, Pa	F. S. Stevens	1,555	3,470	229	63	1	1	272
Wilkes-Barre General Hospital[*1]	Wilkes-Barre, Pa	G. E. Baker	2,652	1,236	235	50	1	1	100
York Hospital[*1]	York, Pa	H. B. Thomas	2,228	1,250	294	95	1	1	...
Rhode Island Hospital[*]	Providence, R. I	M. Fulton	3,144	13,050	428	196	4	5	60
Roper Hospital[*1]	Charleston, S. C	A. S. Rosser	3,485	16,577	235	99	2	6	50
Columbia Hospital[*1]	Columbia, S. C	A. I. Josey	2,388	13,274	191	50	1	2	125
Baroness Erlanger Hospital[*1]	Chattanooga, Tenn	J. L. Bibb	3,629	5,280	313	82	3	6	75
Knoxville General Hospital[*]	Knoxville, Tenn	R. B. Wood	1,350	4,292	168	49	..	2	95
Baptist Memorial Hospital[*]	Memphis, Tenn	C. J. Deere	4,463	1,417	324	90	1	2	75
John Gaston Hospital[*]	Memphis, Tenn	C. H. Sanford	2,464	28,645	585	388	4	11	35
St. Joseph Hospital[*1]	Memphis, Tenn	S. Blackwell	2,931	631	218	44	1	3	100
George W. Hubbard Hospital of Meharry Medical College[*1]	Nashville, Tenn	F. T. Billings	1,085	5,080	137	70	1	2	75
Nashville General Hospital[*]	Nashville, Tenn	T. F. Frist	1,175	8,447	136	57	2	5	100
St. Thomas Hospital[*1]	Nashville, Tenn	W. R. Cate	1,505	...	130	45	2	3	100
Vanderbilt University Hospital[*1]	Nashville, Tenn	H. J. Morgan	3,171	23,825	166	93	..	..	35
Baylor University Hospital[*1]	Dallas, Tex	H. M. Winans	2,998	2,596	235	87	1	3	50
Methodist Hospital[*1]	Dallas, Tex	H. Donald	1,534	1,020	132	28	2	4	100
Parkland Hospital[*1, 33]	Dallas, Tex	C. H. Burnett	1,187	14,489	209	97	5	9	...
St. Paul's Hospital[*1]	Dallas, Tex	N. J. Harris	4,026	4,369	200	64	2	3	100
Harris Hospital[*1]	Fort Worth, Tex	J. B. Fershtand	2,851	896	121	40	..	3	125
University of Texas Medical Branch Hospitals[*1] John Sealy Hospital	Galveston, Tex	C. T. Stone	2,006	22,665	222	144	4	12	50
Hermann Hospital[*1]	Houston, Tex	J. A. Greene	3,595	5,096	263	95	3	9	75
Jefferson Davis Hospital[*]	Houston, Tex	J. A. Greene	1,510	38,142	361	108	4	10	25
M. D. Anderson Hospital for Cancer Research [1]	Houston, Tex	C. Howe	1,246	13,247	15	12	..	4	150
Memorial Hospital	Houston, Tex	P. V. Ledbetter	2,996	...	159	...	..	..	...
Methodist Hospital[*1]	Houston, Tex	H. W. Cummings, Jr.	1,238	147	98	49	..	..	75
Southern Pacific Hospital	Houston, Tex	M. D. Levy, Sr.	688	16,931	15	8	1	2	125
Santa Rosa Hospital[*]	San Antonio, Tex	M. M. Minter	3,002	3,334	264	80	1	1	150
Scott and White Memorial Hospital[*1]	Temple, Tex	V. M. Longmire	2,394	...	66	21	8	24	200

Numerical and other references will be found on page 462.

V 14
1951

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[2]	Total Residences Offered[2]	Beginning Stipend (Month)
Wichita Falls Clinic Hospital*	Wichita Falls, Tex.	O. B. Kiel	2,941	25,517	54	20	1	1	300
Thomas D. Dee Memorial Hospital*[1]	Ogden, Utah	D. M. Petersen	1,290	...	93	72	2	2	150
Dr. W. H. Groves Latter-Day Saints Hospital*[1]	Salt Lake City	T. C. Bauerlein	3,851	3,922	242	83	1	3	125
Holy Cross Hospital*[1]	Salt Lake City	F. Clausen	1,046	500	74	22	1	1	75
Salt Lake County General Hospital*[1]	Salt Lake City	M. M. Wintrobe	1,333	17,013	168	109	3	15	50
Bishop DeGoesbriand Hospital*[1]	Burlington, Vt.	C. M. Terrien	1,442	2,117	76	37	1	2	100
Mary Fletcher Hospital*[1]	Burlington, Vt.	E. L. Amidon	1,132	693	61	34	2	4	110
University of Virginia Hospital*[1]	Charlottesville, Va.	W. Parson	3,015	11,839	190	93	6	12	50
Chesapeake and Ohio Hospital	Clifton Forge, Va.	J. R. Beckwith	3,617	8,037	97	35	2	5	100
Riverside Hospital*[1]	Newport News, Va.	W. A. Read	1,574	...	112	41	1	1	175
De Paul Hospital*[1]	Norfolk, Va.	W. B. Martin	2,357	1,983	140	75	1	3	125
Norfolk General Hospital*[1]	Norfolk, Va.	J. F. Waddill	2,153	5,281	199	71	4	8	125
Johnston-Willis Hospital*[1]	Richmond, Va.	J. M. Hutcheson	2,419	...	135	66	1	2	175
Medical College of Virginia—Hospital Division*[1]	Richmond, Va.	W. P. Porter	3,880	8,725	404	144	..	..	46.50
Jefferson Hospital*	Roanoke, Va.	G. B. Lawson	1,096	4,441	84	25	1	1	175
Lewis Gale Hospital*[1]	Roanoke, Va.	C. D. Nofsinger and R. Jones	1,470	15,831	72	39	1	2	150
Doctors Hospital*	Seattle, Wash.	C. I. Krantz	2,198	...	159	102	2	2	125
King County Hospital, Unit No. 1 (Harborview)*[1]	Seattle, Wash.	R. H. Williams	1,569	10,446	368	213	5	10	100
Providence Hospital*[1]	Seattle, Wash.	R. F. Foster	1,976	1,425	130	75	2	4	110
Swedish Hospital*[1]	Seattle, Wash.	K. Soderstrom	2,279	...	141	70	1	1	100
Virginia Mason Hospital*[1]	Seattle, Wash.	R. L. King	2,401	15,487	154	96	2	6	75
Deaconess Hospital*[1]	Spokane	R. M. Schulte	2,393	...	163	77	1	1	150
St. Luke's Hospital*[1]	Spokane	J. Delaney	2,087	...	142	77	1	1	125
Northern Permanente Hospital [1]	Vancouver, Wash.	E. W. Saward	416	17,958	19	14	1	1	300
Charleston General Hospital*[1]	Charleston, W. Va.	W. A. Thornhill	2,149	2,318	105	44	2	5	125
Chesapeake and Ohio Hospital [1]	Huntington, W. Va.	W. E. Bray, Jr.	2,053	13,718	93	26	1	3	115
St. Mary's Hospital*[1]	Huntington, W. Va.	I. I. Hirschman	2,655	5,404	55	37	1	1	125
La Crosse Lutheran Hospital*[1]	La Crosse, Wis.	T. E. Gundersen	2,396	...	123	53	1	1	150
Madison General Hospital*[1]	Madison, Wis.	J. K. Curtis	1,024	...	110	44	1	3	50
St. Mary's Hospital*[1]	Madison, Wis.	J. C. Moore	1,852	...	134	45	1	3	175
State of Wisconsin General Hospital*[1]	Madison, Wis.	O. O. Meyer	3,467	18,823	141	113	5	15	25
St. Joseph's Hospital*[1]	Marshfield, Wis.	K. H. Doege	1,536	821	92	32	1	3	300
Columbia Hospital*	Milwaukee	E. W. Mason	1,053	...	74	49	3	3	75
Milwaukee County Hospital*[1]	Milwaukee	J. Shaiken	5,969	20,345	643	229	5	16	50
Milwaukee Hospital*[1]	Milwaukee	E. Daniels	1,728	1,523	96	53	1	3	125
Mount Sinai Hospital*	Milwaukee	R. A. Frisch	1,316	5,359	117	47	1	3	100
St. Joseph's Hospital*	Milwaukee	S. Rosenthal	3,190	...	230	84	1	3	75
Queen's Hospital*[1]	Honolulu, T. H.	H. L. Arnold, Sr.	2,774	14,425	212	143	4	7	100
San Juan City Hospital*[1]	San Juan, P. R.	R. S. Diaz Rivera	1,108	16,560	154	60	2	5	150

9. MALIGNANT DISEASES

The following services are approved by the Council on Medical Education and Hospitals
Hospitals, 19 Assistant Residencies and Residencies, 100

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[2]	Total Residences Offered[2]	Beginning Stipend (Month)
VETERANS ADMINISTRATION									
Veterans Admin. Hospital	Hines, Ill.	T. H. Clarke	2,168	...	275	146	..	..	...
NONFEDERAL									
Presbyterian Hospital—Olmsted Memorial*	Los Angeles, Calif.	C. H. Weaver	1,057	...	60	21	1	1	100
Collis P. and Howard Huntington Memorial Hospital*	Pasadena, Calif.	G. S. Sharp	570	1,385	62	43	1	1	130
Michael Reese Hospital*[1]	Chicago, Ill.	E. M. Uhlmann	807	4,248	119	71	2	2	...
Massachusetts General Hospital*	Boston	...	4,166	...	...	...	..	..	...
Pondville Hospital	Walpole, Mass.	E. M. Daland	1,016	10,052	55	38	4	5	530
Westfield State Sanatorium	Westfield, Mass.	F. S. Hopkins	562	7,709	61	43	0	2	395.64
University of Minnesota Hospitals*	Minneapolis, Minn.	O. H. Wangensteen	...	...	...	...	..	..	...
Ellis Fischel State Cancer Hospital [1]	Columbia, Mo.	J. J. Modlin	1,385	7,695	43	33	..	..	...
Barnard Free Skin and Cancer Hospital	St. Louis	A. N. Arneson and C. F. Sherwin	958	19,610	9	3	4	4	125
Jersey City Hospital*[1]	Jersey City, N. J.	J. B. Faison	247	2,714	49	6	1	2	35
Roswell Park Memorial Institute [1]	Buffalo, N. Y.	...	2,100	29,174	92	93	..	7	272.50
Meadowbrook Hospital*	Hempstead, N. Y.	N. Treves	621	6,100	129	76	1	2	135
Memorial Hospital	New York City	L. F. Craver	6,527	78,139	235	127	24	52	80
Montefiore Hospital for Chronic Diseases*[1]	New York City	D. Lasalo	804	5,443	398	171	5	6	60
New York City Cancer Institute [1]	New York City	B. H. Golden	988	5,363	615	71	5	7	130
American Oncologic Hospital [1]	Philadelphia	J. W. Bransfield	926	11,008	13	8	4	4	200
Jeanes Hospital [1]	Philadelphia	...	1,802	7,499	88	39	3	3	200
M. D. Anderson Hospital for Cancer Research [1]	Houston, Tex.	R. L. Clark, Jr. and G. H. Fletcher	2,144	22,447	55	40	2	2	150

10. NEUROLOGICAL SURGERY

The following services are approved by the Council and the American Board of Neurological Surgery.
Hospitals, 91 Assistant Residencies and Residencies, 218

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[2]	Total Residences Offered[2]	Length of Approved Program (Years)	Beginning Stipend (Month)
VETERANS ADMINISTRATION										
Veterans Admin. Hospital*[1]	Long Beach, Calif.	J. D. French	1,256	1,602	18	18	2	4	3	...
Veterans Admin. Hospital*[1]	Los Angeles, Calif.	C. Rand	654	677	5	5	2	2	1	...
Veterans Admin. Hospital	San Francisco, Calif.	O. W. Jones	346	537	14	10	1	3	3	...

Numerical and other references will be found on page 462.

10. NEUROLOGICAL SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered[4]	Total Residencies Offered[4]	Length of Approved Program (Years)	Beginning Year (Month)
Veterans Admin. Hospital[*1]	Chamblee, Ga.	H. D. Smith	491	...	22	15	1	2	1	...
Veterans Admin. Hospital	Hines, Ill.	L. Davis	1,053	...	53	34	..	4	3	...
Veterans Admin. Hospital [1]	Wadsworth, Kans.	F. A. Carmichael, Jr.	303		6	4	1	2	2	...
Veterans Admin. Hospital [1]	Louisville, Ky.	E. E. Grantham	394	718	5	4	1	1	1	...
Veterans Admin. Hospital [1]	Framingham, Mass.	J. H. Drew	337	560	29	22	1	2	2	...
Veterans Admin. Hospital [1]	Minneapolis, Minn.	L. A. French	275	25	14	13	2	2	3	...
Veterans Admin. Hospital [1]	New York City	P. K. Sauer	411	252	20	15	1	4	3	...
Veterans Admin. Hospital [1]	Cleveland, Ohio	A. Grino	376	432	19	13	1	1	1	...
Veterans Admin. Hospital [1]	Memphis, Tenn.	N. Gotten	703		40	32	1	3	1	...
Veterans Admin. Hospital [1,43]	White River Jct., Vt.	H. L. Heyl	453	933	15	14	1	2	2	...
Veterans Admin. Hospital*	Richmond, Va.	J. L. Ulmer	423	...	21	15	3	3	1	...
NONFEDERAL										
Jefferson-Hillman Hospital[*1]	Birmingham, Ala.	G. Galbraith	727	526	61	30	0	1	1	50
Cedars of Lebanon Hospital	Los Angeles	T. J. Putnam					1	1	1	
Los Angeles County Hospital[*1]	Los Angeles	C. W. Rand	2,263	2,020	198	27	4	4	3	165
White Memorial Hospital*	Los Angeles	P. J. Vogel	328	378	19	13	2	2	2	120
Franklin Hospital*	San Francisco	H. A. Brown	912	730	18	14	..	2	3	100
University of California Hospital[*1]	San Francisco	H. C. Naffziger	603	1,346	27	24	..	3	3	75
Hartford Hospital[*1]	Hartford, Conn.	S. B. Whitcomb	946	393	38	24	1	3	3	50
St. Francis Hospital*	Hartford, Conn.	R. C. Buckley	852	489	33	25	1	1	1	75
Grace-New Haven Community Hospital New Haven Unit (University Service)[*1]	New Haven, Conn.	W. German	557	...	26	18	..	3	3	40
George Washington University Hospital*	Washington, D.C.	J. W. Watts	276	...	9	8	1	1	2	130
St. Vincent's Hospital[*1]	Jacksonville, Fla.	J. G. Lyerly	299	...	11	5	1	1	1	125
Emory University Hospital*	Emory University, Ga.	E. F. Fincher	533	...	19	10	1	1	2	50
Augustana Hospital*	Chicago	W. A. Gustafson	260		12	10	1	1	1	75
Chicago Memorial Hospital*	Chicago	P. C. Bucy	357	1,872	..	..	1	2	2	200
Cook County Hospital[*1]	Chicago	M. Tinsley	2,020	859	152	3	..	1	1	32
Illinois Neuropsychiatric Institute	Chicago	E. Oldberg	....	....	....	..	1	3	3	...
Mercy Hospital[*1]	Chicago	H. C. Voris	300	135	30	17	1	1	2	25
Passavant Memorial Hospital*	Chicago	L. Davis	600	1,700	12	8	..	..	..	..
Presbyterian Hospital*	Chicago	A. Verbrugghen	254	821	6	6	1	2	2	25
St. Luke's Hospital[*1]	Chicago	E. Oldberg	273	...	27	18	..	1	3	25
University of Chicago Clinics*	Chicago	T. B. Rasmussen	273	1,328	11	7	1	4	2	25
Wesley Memorial Hospital[*1]	Chicago	J. Martin	398		20	9	1	2	3	25
Indiana University Medical Center[*1]	Indianapolis	R. Heimburger	187	607	13	0	..	1	1	200
University Hospitals[*1]	Iowa City	R. Meyers	514	557	43	38	2	6	3	50
University of Kansas Medical Center*	Kansas City, Kans.	F. R. Teachenor	293	240	26	23	..	1	3	100
University of Louisville Hospitals[40]	Louisville, Ky.	R. G. Spurling	191	1,549	48	21	..	1	2	250
Oehsner Foundation Hospital[*1]	New Orleans	J. H. Echols	288	1,146	15	10	1	2	2	125
Maine General Hospital[*1]	Portland, Me.	G. K. Maltby	401	620	18	10	..	1	1	50
Johns Hopkins Hospital*	Baltimore	A. E. Walker	638	864	37	31	..	3	3	41.66
University Hospital[*1]	Baltimore	C. Bagley, Jr.	489	681	38	20	1	5	3	...
Boston City Hospital[*1]	Boston	D. Munro	276	....	51	11	..	2	2	110
Lahey Clinic [1]	Boston	G. Horrax	800	3,900	33	19	7	7	2	100
Massachusetts General Hospital*	Boston	J. C. White	239	....	33	20	1	3	3	41.66
New England Center Hospital*	Boston	W. H. Sweet	86	....	11	11	..	1	1	83.33
University Hospital[*1]	Ann Arbor, Mich.	E. A. Kahn	659	2,560	82	47	1	6	3	124
Grace Hospital*	Detroit	E. S. Gurdjian	759	198	45	27	1	1	3	225
Henry Ford Hospital[*1]	Detroit	A. S. Crawford	433	2,819	29	10	1	3	2	225
University of Minnesota Hospitals[*1]	Minneapolis	W. T. Peyton	383	....	21	12	1	3	3	...
Mayo Foundation	Rochester, Minn.	W. McK. Craig					7	19	3	135
Barnes Hospital*	St. Louis	H. G. Schwartz	549	505	52	36	..	3	3	...
University of Nebraska Hospital	Omaha								3	
Albany Hospital[*1]	Albany, N.Y.	E. H. Campbell	867	166	24	16	1	3	3	50
Jewish Hospital[*1]	Brooklyn	I. Tarlov and J. Siras	63	300	29	13	..	2	2	50
Kings County Hospital[*1]	Brooklyn	E. J. Browder	3,507	1,843	238	141	2	4	3	...
Buffalo General Hospital[*1]	Buffalo, N.Y.	W. B. Hamby	355	54	37	18	3	3	3	25
Millard Fillmore Hospital[*1]	Buffalo, N.Y.	F. W. Beswick	326	16	19	11	1	1	1	50
Bellevue Hospital, Div. II, Cornell University[*1]	New York City	W. Wingebach	126	....	26	19	1	2	2	80
Bellevue Hospital, Div. III, New York University[*1]	New York City								1	
Beth Israel Hospital[*1]	New York City	L. M. Davidoff	440	320	46	21	1	1	3	50
Mount Sinai Hospital[*1]	New York City	L. M. Davidoff	314		40	17	2	2	3	50
Presbyterian Hospital[*1,20]	New York City	J. L. Pool	622	1,615	41	63	2	7	3	208
St. Vincent's Hospital*	New York City	C. G. de Gutierrez-Mahoney	513	2,218	49	34	1	3	2	50
Strong Memorial-Rochester Municipal Hospitals[*1]	Rochester, N.Y.	W. P. Van Wagenen	412	217				1	3	66.66
Syracuse Memorial Hospital[*1]	Syracuse, N.Y.	A. D. Ecker	218	101	24	18		1	1	125
Duke Hospital[*1]	Durham, N.C.	B. Woodhall	1,021	1,461	51	30	2	4	3	41.66
Christ Hospital*	Cincinnati	F. H. Mayfield	353	520	16	9	..	1	1	145
Cincinnati General Hospital[*1]	Cincinnati								3	...
Good Samaritan Hospital[*1]	Cincinnati	F. Mayfield	177	....	14	....	..	1	1	155
Cleveland Clinic Hospital [1]	Cleveland	W. J. Gardner	834	6,466	34	25	2	10	2	
White Cross Hospital[*1]	Columbus, Ohio	H. E. LeFever	670		45	25	1	2	2	100
St. Vincent's Hospital[*1]	Toledo	M. T. Schnitker	394		24	14	1	1	1	125
University Hospitals*	Oklahoma City	H. Wilkins	208	982	25	9	1	1	2	50
University of Oregon Medical School Hospitals and Clinics[*1,41]	Portland, Ore.	J. Raaf	298	....	24	15	1	3	3	85
Graduate Hospital of the University of Pennsylvania[*1]	Philadelphia	R. A. Groff	386	659	38	19	1	2	2	...
Hospital of the University of Pennsylvania[*1]	Philadelphia	F. C. Grant	528	670	34	34	..	3	3	...
Jefferson Medical College Hospital*	Philadelphia	R. Jaeger	378	1,225	49	32	3	3	2	...
Temple University Hospital[*1]	Philadelphia	M. Scott	646	247	49	18	..	2	2	
Mercy Hospital[*1]	Pittsburgh	F. H. Braddon	351	167	19	4	..	..	2	100
Western Pennsylvania Hospital[*1,42]	Pittsburgh	S. N. Rowe	320	47	31	12	1	2	2	100
Robert Packer Hospital[*1]	Sayre, Pa.	A. B. King	180	756	9	7	1	1	1	150
Baptist Memorial Hospital*	Memphis	R. E. Semmes	1,508	303	55	29	..	1	2	125
Vanderbilt University Hospital[*1]	Nashville						..	..	3	...
University of Texas Medical Branch Hospitals[*1] John Sealy Hospital	Galveston, Tex.	S. R. Snodgrass	321	410	29	21	1	2	2	75
Methodist Hospital[*1]	Houston, Tex.	J. Greenwood	383	11	12	..	..	..	2	75
University of Virginia Hospital	Charlottesville, Va.	W. G. Crutchfield	764	512	32	12	1	3	3	80
Medical College of Virginia—Hospital Division[*1]	Richmond, Va.	C. C. Coleman	1,037	520	66	24	..	..	3	46.50
State of Wisconsin General Hospital[*1]	Madison, Wis.	T. E. Erickson	280	814	25	23	1	4	3	25

Numerical and other references will be found on page 462.

V 14
1951

11. NEUROLOGY

The following services are approved by the Council and the American Board of Psychiatry and Neurology.
Hospitals, 77 Assistant Residencies and Residencies, 223

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residencies Offered[6]	Total Residences Offered[6]	Length of Approved Program (Years)	Beginning Salary[7] (Month)
UNITED STATES ARMY										
Letterman Army Hospital*	San Francisco, Calif.	E. B. Litteral	1,040	5,650	..	..	..	..	3	...
Fitzsimons Army Hospital*	Denver, Colo.	D. B. Peterson	394	1,010	2	2	4	15	2	...
Army Medical Center*[27]	Washington, D.C.	J. W. Kemble	528	973	2	2	..	..	1	...
UNITED STATES NAVY										
U. S. Naval Hospital*[1]	Bethesda, Md.	S. M. Smith	289	800	7	6	..	1	1	...
U. S. Naval Hospital*[1]	Philadelphia, Pa.	E. L. Caveny	364	...	29	9	..	..	1	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital*[1]	Washington, D.C.	E. Y. Williams	204	1,279	11	4	..	1	2	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital*	Long Beach, Calif.	J. D. French	520	448	50	48	2	4	3	...
Veterans Admin. Hospital*[1]	Los Angeles	R. H. Barris	201	186	17	14	2	2	2	...
Veterans Admin. Hospital	San Francisco	W. J. Friedlander	271	258	3	3	4	4	2	...
Veterans Admin. Hospital	Hines, Ill.	L. J. Pollock	1,258	...	88	46	..	18	3	...
Veterans Admin. Hospital [1]	Topeka, Kans.	L. Bernstein	501	...	7	6	1	2	2	...
Veterans Admin. Hospital [1,45]	Louisville, Ky.	E. Roseman	277	1,423	14	7	1	2	2	...
Veterans Admin. Hospital [1]	Framingham, Mass.	F. A. Qundfasel	629	...	8	6	2	4	3	...
Veterans Admin. Hospital [1]	Minneapolis, Minn.	R. C. Gray	822	859	44	32	3	4	3	...
Veterans Admin. Hospital	Brooklyn	...	...	...	...	...	..	..	3	...
Veterans Admin. Hospital [1]	New York City	H. L. Flowers	1,006	700	53	30	2	6	3	...
Veterans Admin. Hospital [1,12]	Cleveland, Ohio	L. Halle	...	...	...	...	..	..	2	...
Veterans Admin. Hospital [1]	Coatesville, Pa.	C. Rupp	...	...	..	..	6	6	3	...
Veterans Admin. Hospital*	Richmond, Va.	B. Nagler	305	...	4	1	1	3	3	...
NONFEDERAL										
Los Angeles County Hospital*[1]	Los Angeles	S. D. Ingham	3,157	3,499	759	233	3	3	3	165
White Memorial Hospital*	Los Angeles	C. B. Courville	200	2,692	6	5	1	2	3	120
University of California Hospital*[1]	San Francisco	R. B. Aird	283	3,378	4	3	..	3	2	75
Gallinger Municipal Hospital*[1]	Washington, D.C.	W. Freeman and F. M. Forster	542	...	54	17	1	3	2	100
Georgetown University Hospital*	Washington, D.C.	F. M. Forster	619	...	59	23	2	2	2	50
George Washington University Hospital*	Washington, D.C.	W. Freeman	177	538	4	2	1	1	2	130
Cook County Hospital*[1]	Chicago	J. A. Luhan	342	2,791	56	19	..	2	1	32
Illinois Neuropsychiatric Institute	Chicago	E. Oldberg	...	...	...	...	1	2	3	...
St. Luke's Hospital*[1]	Chicago	A. P. Solomon	187	334	2	..	1	1	2	25
University of Chicago Clinics*	Chicago	R. B. Richter	168	2,305	5	5	..	2	2	25
Indianapolis General Hospital*[1]	Indianapolis	A. T. Ross	148	...	45	17	1	1	1	80
Indiana University Medical Center and Affiliated Hospitals*[1]	Indianapolis	A. T. Ross	...	763	...	...	1	1	1	150
Methodist Hospital*[1]	Indianapolis	C. K. Hepburn	812	...	55	31	1	1	1	260
University Hospitals*[1,44]	Iowa City	A. L. Sahs	1,124	608	28	17	2	3	3	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	A. T. Steegmann	183	775	15	11	..	..	2	100
Louisville General Hospital*[1]	Louisville, Ky.	E. Roseman	775	1,549	85	55	1	3	1	45
Charity Hospital of Louisiana*[1]	New Orleans	...	468	9,748	11	2	2	6	3	25
Baltimore City Hospitals*[1]	Baltimore	J. W. Magladery	2,505	...	77	46	..	2	3	15
Johns Hopkins Hospital*	Baltimore	F. Ford	...	2,443	...	...	..	..	2	41.66
Boston City Hospital*[1]	Boston	D. E. Denny-Brown	175	4,334	22	17	3	5	3	90
Massachusetts General Hospital*[1]	Boston	C. S. Kubik	233	6,141	27	13	2	3	3	41.66
New England Center Hospital*[1]	Boston	R. D. Adams	1,958	...	...	...	..	2	1	83.33
University Hospital*[1]	Ann Arbor, Mich.	R. De Jong	616	3,885	23	12	2	4	3	124
Henry Ford Hospital*[1,12]	Detroit	G. O. Grain	...	...	...	...	1	2	1	225
University of Minnesota Hospitals*[1]	Minneapolis	A. B. Baker	706	...	53	40	..	5	3	...
Mayo Foundation	Rochester, Minn.	H. W. Woltman	...	...	...	...	3	10	3	135
Barnes Hospital*[1]	St. Louis	W. B. Wood and E. F. Gildea	423	...	8	6	..	1	2	...
Homer G. Phillips Hospital*[1]	St. Louis	J. O'Leary	1,018	1,927	72	14	..	2	3	132.80
St. Louis City Hospital*[1]	St. Louis	J. O'Leary and E. Sassin	707	1,494	222	70	..	..	2	123.80
Albany Hospital*[1]	Albany, N.Y.	R. W. Graves	1,508	489	7	3	1	2	1	50
Jewish Sanitarium and Hospital for Chronic Diseases [1]	Brooklyn	A. M. Rabiner	485	...	59	17	3	6	2	175
Kings County Hospital*[1]	Brooklyn	O. C. Perkins	1,729	3,885	589	86	2	4	3	...
Buffalo General Hospital*	Buffalo	J. H. Talbott	142	661	5	4	1	1	2	25
Bellevue Hospital, Div. II, Cornell University*[1]	New York City	L. Hausman	557	4,648	41	22	2	5	3	50
Bellevue Hospital, Div. III, New York Univ.*[1,7,12]	New York City	...	...	...	...	...	2	4	3	80
Beth Israel Hospital*[1]	New York City	S. Brock	73	645	3	1	1	1	2	50
Fordham Hospital*[1]	New York City	J. H. Friedman	79	498	6	2	1	1	1	130
Goldwater Memorial Hospital*[1]	New York City	B. Dattner and P. Maybarduk	651	183	60	16	2	6	1	80
Lenox Hill Hospital*	New York City	T. K. Davis	372	1,635	18	8	1	1	2	50
Metropolitan Hospital*[1]	New York City	I. Tarlov	84	1,472	8	..	1	1	2	130
Montefiore Hospital for Chronic Diseases*[1]	New York City	T. J. C. Von Storch	...	...	...	...	..	..	3	60
Morrisania City Hospital*[1]	New York City	N. Savitsky	...	1,187	...	...	1	2	2	80
Mount Sinai Hospital*[1]	New York City	I. S. Wechsler	844	2,739	47	21	4	4	3	50
New York City Hospital*[1]	New York City	K. H. Houck	697	1,197	145	30	1	2	2	80
Presbyterian Hospital*[1,20]	New York City	H. H. Merritt	2,853	12,156	84	..	10	15	3	208
St. Vincent's Hospital*[1]	New York City	C. G. de Gutierrez-Mahoney	...	...	...	...	..	..	1	...
Duke Hospital*[1]	Durham, N.C.	E. Kunkle	183	729	10	6	1	1	3	...
North Carolina Baptist Hospital*	Winston-Salem, N.C.	R. L. Masland	93	980	7	5	1	2	3	200
Cincinnati General Hospital*[1]	Cincinnati	C. Aring	354	2,252	153	59	1	2	3	...
Cleveland Clinic Hospital [1]	Cleveland	L. J. Karnosh	154	11,912	4	..	2	3	2	...
University of Oregon Medical School Hospital and Clinics*[1]	Portland, Ore.	...	...	1,715	...	...	1	1	1	85
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	J. C. Yaskin	556	1,843	4	2	2	2	2	...
Hospital of the University of Pennsylvania*[1]	Philadelphia	G. D. Gammon	819	3,544	12	7	..	4	3	...
Jefferson Medical College Hospital*[1]	Philadelphia	B. J. Alpers	694	20,872	20	9	5	5	3	...
Philadelphia General Hospital*[1]	Philadelphia	G. Wilson	1,870	...	577	269	2	4	3	75
St. Francis Hospital*[1,12]	Pittsburgh	...	...	...	...	...	..	..	2	...
University of Texas Medical Branch Hospitals Galveston State Psychopathic Hospital[12]	Galveston, Texas	...	...	...	...	...	..	..	1	...
State of Wisconsin General Hospital*[1]	Madison, Wis.	W. J. Bleckwenn	473	654	5	3	2	2	3	25

Numerical and other references will be found on page 462.

12. OBSTETRICS AND GYNECOLOGY

The following services are approved by the Council and the American Board of Obstetrics and Gynecology.
Hospitals, 390 Assistant Residencies and Residencies, 1623

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital*	San Francisco, Calif.	E. A. Zimmermann	OBG	2,042	15,595	..	..	3	...
Fitzsimons Army Hospital*	Denver, Colo.	E. N. Akers	OBG	3,057	19,401	..	3	3	...
Army Medical Center*[27]	Washington, D.C.	H. L. Riva	OBG	2,467	35,030	3	8	3	...
Brooke Army Medical Center*[23]	San Antonio, Texas	J. W. Simpson	OBG	4,111	34,586	..	..	3	...
Gorgas Hospital*	Panama, C.Z.	I. J. Strumpf	OBG	1,889	11,778	1	3	1	...
Tripler Army Hospital*	Honolulu, Hawaii	H. Hirshland	OBG	2,496	19,508	..	..	2	...
UNITED STATES NAVY									
U. S. Naval Hospital*	Oakland, Calif.	E. T. Knowles	OBG	3,125	27,112	..	5	2	...
U. S. Naval Hospital*	San Diego, Calif.	P. Peterson	OBG	3,779	33,316	2	2	3	...
U. S. Naval Hospital*	Great Lakes, Ill.	H. H. Hill	OBG	1,828	13,412	..	..	2	...
U. S. Naval Hospital*	Bethesda, Md.	L. M. Harris	OBG	2,541	30,015	4	7	3	...
U. S. Naval Hospital*	Chelsea, Mass.	F. B. Smith	OBG	1,412	11,861	2	4	2	...
U. S. Naval Hospital*[1]	St. Albans, N.Y.	R. E. Crowder	OBG	1,595	13,181	..	..	2	...
U. S. Naval Hospital*	Philadelphia	P. B. Gallegos	OBG	1,683	12,446	..	..	3	...
U. S. Naval Hospital*	Portsmouth, Va.	L. T. Dorgan	OBG	4,011	44,050	4	6	3	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital*[1]	Washington, D.C.	J. W. Ross	OBG	4,404	10,313	1	4	3	...
NONFEDERAL									
Carraway Methodist Hospital*[1]	Birmingham, Ala.	T. M. Boulware	OB	1,444	9,347	1	1	1	150
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	W. N. Jones and J. R. Garber	OBG	5,646	15,585	2	6	3	50
Lloyd Noland Hospital*[1]	Fairfield, Ala.	O. T. West	OB	1,732	13,671	2	4	2	225
Good Samaritan Hospital*[1]	Phoenix, Ariz.	C. B. Warrenburg	OBG	3,292	200	1	1	1	150
Memorial Hospital*	Phoenix, Ariz.		OB	...	...	..	..	1	...
St. Vincent Infirmary*[1]	Little Rock, Ark.	B. J. Reaves	OBG	2,480	232	1	3	3	125
University Hospital*[1]	Little Rock, Ark.	W. E. Brown	OBG	2,760	16,160	3	9	3	75
San Joaquin General Hospital*[1]	French Camp, Calif.	D. C. Harrington	OBG	1,734	9,390	1	2	2	220
Seaside Memorial Hospital*	Long Beach, Calif.		OB	2,129	...	..	..	1	...
			GYN	1,174	...	..	..	1	...
Los Angeles County Hospital*[1]	Los Angeles	B. J. Hanley	OBG	15,281	18,657	11	11	3	165
Presbyterian Hospital-Olmstead Memorial*[1]	Los Angeles	F. F. Bryant	OB	2,215	2,233	2	..	1	100
		J. C. Irwin	GYN	842	210	2	..	1	100
Queen of Angels Hospital*[1]	Los Angeles	A. M. McCarthy	OBG	6,955	3,175	2	4	3	100
White Memorial Hospital*[1]	Los Angeles	R. J. Thompson	OBG	2,367	19,074	2	4	2	120
Highland Alameda County Hospital*[1]	Oakland, Calif.	T. F. Bell	OBG	3,379	6,783	..	3	3	145
Permanente Foundation Hospital*[1]	Oakland, Calif.	R. W. King	OBG	3,387	26,777	..	6	2	175
Samuel Merritt Hospital	Oakland, Calif.	C. C. Hall	OBG	2,847	...	2	2	1	100
Collis P. and Howard Huntington Memorial Hospital*[1]	Pasadena, Calif.	E. I. Sorenson	OBG	2,053	343	1	1	1	150
Mercy Hospital*[1]	San Diego, Calif.	D. D. Deeds	OBG	6,238	1,898	2	4	2	100
San Diego County General Hospital*[1]	San Diego, Calif.	W. B. McGee	OBG	1,326	5,672	1	2	2	125
Children's Hospital*[1]	San Francisco	H. A. Stephenson	OBG	3,501	4,022	1	4	3	50
Mary's Help Hospital*[1]	San Francisco	C. L. Cooley	OBG	2,536	5,065	1	2	1	150
St. Francis Hospital[1]	San Francisco	C. D. Hart	OB	1,537	39	2	4	1	265
St. Joseph's Hospital*[1]	San Francisco	H. Von Geldern	OBG	2,073	1,467	2	4	1	100
St. Mary's Hospital*[1]	San Francisco	P. H. Arnot	OB	2,088	1,491	2	2	1	100
San Francisco Hospital*[1]	San Francisco	E. B. King and D. A. Dallas	OBG			1	4	3	175
Stanford University Hospitals*[1]	San Francisco	C. E. McLennan	OBG	3,163	14,499	2	6	3	50
University of California Hospital*[1]	San Francisco	H. F. Traut	OBG	2,308	16,061	..	5	3	75
Santa Clara County Hospital*[1]	San Jose, Calif.	J. Muir	OBG	1,602	7,995	1	3	2	235
St. John's Hospital*	Santa Monica, Calif.	B. H. Watson	OBG	3,221	2,119	1	1	2	100
Harbor General Hospital*[1]	Torrance, Calif.	L. R. Hill	OBG	2,153	2,756	2	4	3	165
St. Joseph's Hospital*[1]	Denver	L. W. Mason	OBG	3,552	...	..	2	2	100
University of Colorado Medical Center Colorado General Hospital*[1]	Denver	E. S. Taylor	OBG	1,587	9,354	2	5	3	75
Denver General Hospital*[1,24]	Denver	E. S. Taylor	OBG	1,578	6,216	..	2	3	75
Bridgeport Hospital*[1]	Bridgeport, Conn.	C. Grinold	OB	1,959	1,149	2	2	1	100
St. Vincent's Hospital*	Bridgeport, Conn.	J. H. Howard	OB	2,646	1,018	2	4	1	150
Hartford Hospital*[1]	Hartford, Conn.	L. P. Middlebrook	OBG	8,590	7,097	1	3	3	50
St. Francis Hospital*	Hartford, Conn.	W. Daly and G. Cogan	OBG	3,714	3,152	4	8	2	75
New Britain General Hospital*[1]	New Britain, Conn.	D. A. Bristoll	OBG	1,754	...	1	1	1	115
Grace-New Haven Community Hospital Grace Unit*	New Haven, Conn.	L. K. Musselman	OBG	2,062	...	1	3	3	40
New Haven Unit (University Service)*[1]	New Haven, Conn.	H. Thoma	OBG	3,379	10,688	3	6	3	40
Hospital of St. Raphael*[1]	New Haven, Conn.	C. E. Johnson	OBG	1,598	1,634	2	6	3	75
Lawrence and Memorial Associated Hospitals*[1]	New London, Conn.	W. Blank	OBG	2,267	...	2	2	1	125
Norwalk Hospital*[1]	Norwalk, Conn.	G. V. Gorham	OB	1,685	518	1	1	1	155
Columbia Hospital for Women and Lying-In Asylum[1]	Washington, D.C.	P. Haynes and H. J. R. McNitt	OBG	6,208	13,454	..	8	3	90
Doctors Hospital*[1]	Washington, D.C.	J. D. Wynkoop	OBG	3,280	...	1	2	2	100
Gallinger Municipal Hospital*[1]	Washington, D.C.	C. H. Nash	OBG	7,228	8,531	4	7	3	100
Garfield Memorial Hospital*[1]	Washington, D.C.	R. O. Donnell and R. J. Jansen	OBG	4,092	4,988	2	6	3	75
Georgetown University Hospital*[1]	Washington, D.C.	A. A. Marchetti	OBG	5,146	5,243	3	7	3	25
George Washington University Hospital*[1,46]	Washington, D.C.	J. L. Parks	OBG	5,135	1,087	1	4	3	130
Providence Hospital*[1]	Washington, D.C.	G. J. Ellis	OBG	3,792	2,917	1	3	2	75
Sibley Memorial Hospital*[1]	Washington, D.C.	J. Kotz	OBG	4,496	1,058	2	6	2	100
Brewster Hospital*[1]	Jacksonville, Fla.	M. Sutter	OBG	1,353	1,967	2	2	1	125
Duval Medical Center*	Jacksonville, Fla.	E. F. McCall	OB	1,587	6,982	1	1	1	125
		F. Richards	GYN	569	3,359	1	1	1	125
St. Luke's Hospital*	Jacksonville, Fla.	J. C. Taylor	OB	1,956	2,240	1	2	1	140
St. Vincent's Hospital*[1]	Jacksonville, Fla.	E. F. McCall and T. S. Field	OBG	4,331	124	2	3	1	125
Jackson Memorial Hospital*[1]	Miami, Fla.	J. D. Milton	OBG	4,675	5,175	2	4	2	60
Orange Memorial Hospital*[1]	Orlando, Fla.	D. Brame and H. A. Day	OBG	2,836		2	2	1	210
Crawford W. Long Memorial Hospital*[1]	Atlanta, Ga.	R. K. Hancock	OBG	8,203	11,148	6	12	3	75
Grady Memorial Hospital*[1]	Atlanta, Ga.	J. B. Cross	OBG	7,560	53,300	8	14	3	20
Piedmont Hospital*[1]	Atlanta, Ga.	C. B. Upshaw	OBG	1,868	...	1	2	1	90
St. Joseph's Infirmary	Atlanta, Ga.	M. T. Benson, Jr.	OBG	1,398	2,636	1	3	2	170
University Hospital*[1]	Augusta, Ga.	R. Turpin	OBG	4,531	8,994	4	10	3	40
Augustana Hospital*[1]	Chicago	W. H. Browne	OB	2,023	2,368	2	2	1	75
Chicago Maternity Center[1]	Chicago	B. E. Tucker and H. B. Benaron	OB	5,258	11,366	3	8	1	150

Numerical and other references will be found on page 462.

V 14
1951

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residences Offered[2]	Total Residences Offered[2]	Length of Approved Program (Years)	Beginning Stipend (Month)
Cook County Hospital*[1]	Chicago	F. H. Falls and J. E. Fitzgerald	OBG	5,614	17,720	..	16	3	32
Englewood Hospital*	Chicago	C. D. Krause	OB	1,073	...	1	1	1	150
Frank Cuneo Hospital [1]	Chicago	H. O. Maryan	OBG	2,620	75	1	1	1	150
Grant Hospital*[1]	Chicago	V. C. Freida	OBG	2,469	2,216	2	6	3	150
Henrotin Hospital*[1]	Chicago	J. R. Wolff	OB	861	556	1	1	1	100
Hospital of St. Anthony de Padua*[1]	Chicago	F. J. Fara	OB	1,687	...	1	1	1	150
Illinois Masonic Hospital*[1]	Chicago	F. J. Roos	OBG	2,235	841	4	6	1	50
Lewis Memorial Maternity Hospital [1 47]	Chicago	H. E. Schmitz	OBG	2,438	11,644	4	12	3	50
Loretto Hospital*[1]	Chicago	G. Wickster	OB	1,223	...	1	1	1	150
Lutheran Deaconess Home and Hospital*	Chicago	G. Rosene	OB	1,348	...	1	1	1	100
Mercy Hospital*[1]	Chicago	H. E. Schmitz	OBG	1,574	4,237	2	6	3	25
Michael Reese Hospital*[1]	Chicago	A. Koff	OBG	4,601	7,474	2	6	3	25
Mount Sinai Hospital*[1]	Chicago	A. H. Klawans	OBG	1,984	2,015	1	2	2	50
Passavant Memorial Hospital*[1]	Chicago	J. I. Brewer	OBG	3,869	741	2	3	3	...
Presbyterian Hospital*[1]	Chicago	E. D. Allen	OBG	3,455	2,264	4	7	3	25
Provident Hospital*[1]	Chicago	F. M. Santos	OBG	2,742	...	2	4	3	50
Ravenswood Hospital*[1]	Chicago	F. W. Rohr	OBG	2,561	1,219	2	5	2	75
Research and Educational Hospitals*[1 48]	Chicago	F. H. Falls	OB	1,501	14,979	1	4	3	55
St. Anne's Hospital*[1]	Chicago	R. J. Hawkins	OB	4,721	3,120	8	8	3	50
St. Elizabeth Hospital*	Chicago	J. R. Lavieri	OBG	3,772	381	2	2	1	100
St. Joseph Hospital*[1]	Chicago	C. Geiger	OBG	2,221	3,277	3	5	2	125
St. Luke's Hospital*[1]	Chicago	E. A. Edwards	OBG	2,451	10,546	1	5	3	25
Swedish Covenant Hospital*[1]	Chicago	G. L. Rosene	OB	1,778	...	1	1	1	150
University of Chicago Clinics*[1]	Chicago	W. J. Dieckmann	OBG	5,927	36,494	14	23	3	25
Billings Hospital Chicago Lying-In Hospital and Dispensary									
Wesley Memorial Hospital*[1]	Chicago	G. Gardner	OBG	3,112	...	1	5	3	25
Women and Children's Hospital*[1]	Chicago	A. Phillips	OB	1,127	1,029	2	2	2	75
Evanston Hospital*[1]	Evanston, Ill.	D. N. Danforth	OBG	2,626	1,672	1	3	3	50
St. Francis Hospital*[1]	Evanston, Ill.	J. N. Bremner	OBG	4,108	141	1	3	3	150
Little Company of Mary Hospital*	Evergreen Park, Ill.	P. E. Lawler	OB	3,566	...	3	6	2	100
		W. T. Carlisle	GYN	848	...	2	2	1	100
West Suburban Hospital*	Oak Park, Ill.	E. H. Falls	OBG	5,104	378	1	3	2	150
Methodist Hospital of Central Illinois*[1]	Peoria, Ill.	C. Geiger	OB	2,212	...	2	2	1	200
St. Francis Hospital	Peoria, Ill.	C. J. Heiberger	OBG	4,248	1,193	1	2	2	100
Indianapolis General Hospital*[1]	Indianapolis	J. W. Hofmann and C. G. McCormick, Sr.	OBG	2,635	12,637	1	3	3	80
Indiana University Medical Center*[1]	Indianapolis	C. Huber	OB	2,279	5,563	1	3	3	150
Methodist Hospital*	Indianapolis	D. Talbott	OB	6,293	...	3	6	2	260
St. Vincent's Hospital*[1]	Indianapolis	J. H. Hawk and C. Habich	OBG	3,785	636	1	3	3	200
St. Elizabeth Hospital*[1]	La Fayette, Ind.	F. W. Peyton	OBG	2,445	103	..	3	2	150
University Hospitals*[1]	Iowa City	J. Randall	OBG	2,419	3,415	3	9	3	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	L. A. Calkins	OBG	2,200	13,084	2	6	3	100
St. Francis Hospital*[1]	Wichita, Kans.	R. A. West	OBG	4,111	...	2	6	1	...
Wesley Hospital*[1]	Wichita, Kans.	G. Cowles	OBG	4,328	...	3	3	1	...
St. Joseph Hospital*[1]	Lexington, Ky.	A. B. Barrett	OBG	2,091	1	1	1	1	140
Louisville General Hospital*[1]	Louisville, Ky.	W. O. Johnson	OBG	3,123	18,132	3	9	3	45
St. Joseph Infirmary*	Louisville, Ky.	G. Bryant	OBG	3,488	882	2	4	2	150
Charity Hospital of Louisiana*[1]	New Orleans		OBG	1,724	88,677	8	26	3	25
Hotel Dieu—Sisters' Hospital*[1]	New Orleans	E. W. Nelson	OBG	4,291	1,233	1	2	1	100
Ochsner Foundation Hospital*[1]	New Orleans	C. Tyrone	OBG	388	14,143	2	6	3	125
Southern Baptist Hospital*[1]	New Orleans	J. W. Reddoch	OBG	6,198	...	1	3	1	125
Touro Infirmary*[1]	New Orleans	C. Tyrone and A. Caire, Jr.	OBG	4,115	7,335	2	6	3	17
Shreveport Charity Hospital*[1]	Shreveport, La.	C. R. Mays	OBG	5,143	2,118	2	6	2	60
Baltimore City Hospitals*[1]	Baltimore	L. H. Douglass	OB	3,157	654	2	7	3	15
Bon Secours Hospital*	Baltimore	E. Novak and H. B. McNally	OBG	2,387	2,780	1	3	3	130
Franklin Square Hospital*[1]	Baltimore	K. W. Mansfield	OBG	1,621	1,603	1	3	2	125
Hospital for Women*[1]	Baltimore	J. E. Savage	OBG	2,212	5,409	1	4	3	50
Johns Hopkins Hospital*[1]	Baltimore	R. W. Telinde and N. J. Eastman	OBG	5,799	31,648	9	22	3	41.60
Lutheran Hospital*[1]	Baltimore	W. N. Long, Jr. and W. K. Diehl	OBG	2,907	3,440	2	6	3	85
Maryland General Hospital*[1]	Baltimore	E. H. Kloman and D. McDixon	OBG	1,965	936	2	4	2	50
Mercy Hospital*[1]	Baltimore	T. K. Galvin and J. J. Erwin	OBG	2,848	5,081	3	4	3	75
Provident Hospital and Free Dispensary*[1]	Baltimore	L. H. Douglass	OB	1,490	3,550	2	2	1	100
St. Agnes Hospital*	Baltimore	E. Novak and H. B. McNally	OBG	2,004	868	2	4	2	75
St. Joseph's Hospital*[1]	Baltimore	T. K. Galvin and H. B. McNally	OBG	2,309	3,574	1	4	3	115
Sinai Hospital*[1]	Baltimore	D. Silberman and A. F. Guttmacher	OBG	4,067	...	2	9	3	35
South Baltimore General Hospital*[1]	Baltimore	J. S. E. Segar	OB	954	2,747	2	3	2	125
Union Memorial Hospital*[1]	Baltimore	J. M. Haws	OB	3,172	4,294	2	5	2	40
University Hospital*[1]	Baltimore	L. H. Douglass and J. M. Hundley, Jr.	OBG	4,014	27,521	7	13	3	...
Beth Israel Hospital*[1]	Boston	H. H. Rosenfield	OBG	941	889	2	3	2	41.66
Boston City Hospital*[1]	Boston	F. L. Good and R. D. Margeson	OBG	5,939	18,718	3	8	3	90
Boston Lying-In Hospital [1]	Boston	D. E. Reid	OB	7,007	25,154	6	10	3	62
Carney Hospital*	Boston	L. E. Phaneuf	OBG	1,745	3,357	1	3	3	75
Massachusetts Memorial Hospitals*	Boston	B. Tenney, Jr.	OBG	1,607	4,775	1	3	3	50
St. Elizabeth's Hospital*[1]	Boston	W. J. McDonald	OB	2,234	1,857	1	2	1	125
Booth Memorial Hospital [1]	Brookline, Mass.	H. S. Finkel	OB	1,147	3,160	2	2	1	...
Free Hospital for Women	Brookline, Mass.	G. Van S. Smith	GYN	3,129	13,942	4	4	3	40
Cambridge City Hospital*[1]	Cambridge, Mass.	F. J. Lynch	OBG	1,098	3,788	1	3	3	125
Quincy City Hospital*	Quincy, Mass.	G. D. Dalton	OBG	2,752	959	2	2	1	150
St. Joseph's Mercy Hospital*[1]	Ann Arbor, Mich.	H. H. Cummings	OBG	2,075	...	2	4	2	125
University Hospital*[1]	Ann Arbor, Mich.	N. F. Miller	OBG	286	15,139	3	14	3	124
City of Detroit Receiving Hospital*[1]	Detroit	C. S. Stevenson	GYN	1,100	7,371	1	4	3	217
Evangelical Deaconess Hospital*[1]	Detroit	L. Braun	OBG	1,706		1	1	1	200
Florence Crittenton Hospital	Detroit	H. A. Pearse	OBG	3,320	3,181	2	6	3	150
Grace Hospital*[1]	Detroit	O. W. Pickard	OBG	9,661	2,642	2	2	3	225
Harper Hospital*[1]	Detroit	A. E. Catherwood	OBG	5,357	3,951	2	6	3	203
Henry Ford Hospital*[1]	Detroit	J. P. Pratt	OBG	3,603	36,326	2	5	3	225
Herman Kiefer Hospital [1]	Detroit	C. S. Stevenson	OB	3,991	18,502	2	6	2	217

Numerical and other references will be found on page 462.

147
51

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered*	Total Residencies Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Mt. Carmel Mercy Hospital*¹	Detroit	C. N. Swanson	OBG	7,574	...	4	8	2	125
Providence Hospital*¹	Detroit	H. Henderson	OBG	5,375	...	1	3	2	200
St. Joseph's Mercy Hospital*¹	Detroit	R. B. Kennedy	OBG	3,004	994	2	6	2	150
Woman's Hospital*¹	Detroit	R. B. Kennedy and H. M. Nelson	OBG	6,518	2,198	3	7	3	180
Hurley Hospital*	Flint, Mich.	I. H. Gutow	OBG	4,265	...	2	2	2	164
Blodgett Memorial Hospital*¹	Grand Rapids, Mich.	D. Schuitema	OBG	2,000	847	1	1	1	200
Butterworth Hospital*¹	Grand Rapids, Mich.	L. C. Bosch	OBG	4,177	2,138	1	3	3	125
St. Mary's Hospital*¹	Grand Rapids, Mich.	J. H. Beaton	OBG	3,986	107	3	3	1	125
Pontiac General Hospital*	Pontiac, Mich.	F. Gaensbauer	OBG	3,706	44	2	4	3	100
St. Joseph Mercy Hospital*¹	Pontiac, Mich.	F. Gaensbauer	OB	...	...	..	..	1	...
Saginaw General Hospital*¹	Saginaw, Mich.	C. E. Toshach	OBG	2,683	1,073	1	3	3	300
Maternity Hospital ¹	Minneapolis	A. Arnold	OB	3,935	6,015	2	2	1	200
Minneapolis General Hospital*¹	Minneapolis	L. A. Lang	OBG	1,228	5,744	1	2	3	125
Northwestern Hospital*¹	Minneapolis	W. Sadler	OBG	2,355	...	2	2	2	175
St. Barnabas Hospital*¹	Minneapolis	O. F. Robbins	OBG	3,152	...	1	2	2	125
St. Mary's Hospital*¹	Minneapolis	L. A. Lang	OBG	4,741	...	..	3	2	200
University of Minnesota Hospitals*¹	Minneapolis	J. McKelvey	OBG	1,194	...	2	6	3	...
Mayo Foundation	Rochester, Minn.	L. M. Randall	OBG	...	...	6	16	3	135
Ancker Hospital*¹	St. Paul, Minn.	E. Kasper	OBG	913	3,826	..	1	3	91
Charles T. Miller Hospital*¹	St. Paul, Minn.	E. Hartley and R. S. Countryman	OBG	2,990	3,422	..	2	3	115
St. Louis County Hospital*¹	Clayton, Mo.	E. L. Dorsett	OBG	1,013	7,660	1	2	3	95
Kansas City General Hospital No. 1*¹	Kansas City, Mo.	J. G. Webster	OBG	1,879	8,589	1	3	3	75
Kansas City General Hospital No. 2*¹	Kansas City, Mo.	H. L. Gainey	OBG	1,293	3,957	3	6	2	...
St. Joseph Hospital*	Kansas City, Mo.	A. B. Sinclair	OBG	3,734	2,387	..	..	2	150
St. Luke's Hospital*¹	Kansas City, Mo.	P. A. Gempel	OBG	3,023	...	1	2	2	150
De Paul Hospital*	St. Louis	R. V. Boedeker	OBG	3,167	439	1	2	2	150
Homer G. Phillips Hospital*¹	St. Louis	K. C. Morrin	OBG	4,758	9,853	3	11	3	132.80
Jewish Hospital*¹	St. Louis	S. D. Soule and M. H. Meyerhardt	OBG	2,530	1,618	..	2	2	100
St. John's Hospital*	St. Louis	M. W. Weis	OB	3,159	2,272	1	1	1	75
St. Louis City Hospital*¹	St. Louis	L. J. Hartnett	OBG	2,458	7,108	2	7	3	123
St. Louis Maternity Hospital ¹	St. Louis	W. Allan	OBG	6,691	19,508	5	23	3	25
St. Mary's Group of Hospitals*¹	St. Louis	J. A. Hardy, Jr.	OBG	6,547	11,881	5	11	3	35
Lincoln General Hospital*¹	Lincoln, Nebr.	H. S. Morgan	OBG	1,551	...	1	1	1	175
St. Elizabeth's Hospital*¹	Lincoln, Nebr.	S. T. Thierstein	OB	1,736	...	1	1	1	200
Creighton Memorial-St. Joseph's Hospital	Omaha	M. E. Grier	OBG	3,778	5,096	2	6	3	100
University of Nebraska Hospital*¹ ³⁸	Omaha	L. D. Odell	OBG	1,067	4,083	1	3	2	125
Cooper Hospital*¹	Camden, N.J.	G. B. German and H. P. Shipps	OBG	4,726	13,088	2	6	3	83.33
Jersey City Hospital*¹	Jersey City, N.J.	E. W. Bookrajian	GYN	766	6,253	1	3	3	35
Margaret Hague Maternity Hospital ¹	Jersey City, N.J.	S. A. Cosgrove	OB	10,216	21,574	8	16	3	67
Monmouth Memorial Hospital*¹	Long Branch, N.J.	R. A. MacKenzie	OB	1,987	865	2	2	2	200
Newark Beth Israel Hospital*¹	Newark, N.J.	W. Brams	GYN	1,695	989	1	1	1	100
Paterson General Hospital*¹	Paterson, N.J.	L. E. Thron	OB	2,766	1,381	1	1	1	100
Albany Hospital*¹	Albany, N.Y.	A. J. Wallingford and T. O. Gamble	OBG	4,411	2,854	2	5	2	50
Anthony N. Brady Maternity Home ¹	Albany, N.Y.	J. O. C. Kiernand	OB	2,920	2,522	1	2	2	100
Beth El Hospital*¹	Brooklyn	J. Halperin	OBG	4,473	4,679	2	4	2	100
Brooklyn Hospital*¹	Brooklyn	J. T. Wallace	OBG	2,708	5,947	1	3	3	25
Brooklyn Women's Hospital ¹	Brooklyn	A. Koplowitz	OBG	1,880	3,067	2	2	1	100
Cumberland Hospital*	Brooklyn	S. Lubin	OBG	2,451	11,750	3	5	3	80
Greenpoint Hospital*	Brooklyn	W. C. Meagher	OBG	2,211	13,767	2	4	2	140
Jewish Hospital*¹	Brooklyn	M. Shir and S. A. Wolfe	OBG	7,136	8,743	8	18	3	50
Kings County Hospital*¹	Brooklyn	R. Garlick and L. M. Hellman	OBG	8,258	28,101	2	4	3	...
Long Island College Hospital*¹	Brooklyn	F. P. Light	OBG	3,123	5,448	1	3	3	25
Maimonides Hospital*¹	Brooklyn	B. Rabbiner	OBG	4,044	5,520	4	5	3	75
Methodist Hospital*	Brooklyn	H. C. Acken, Jr. and S. C. Hall	OBG	3,739	10,666	2	8	3	25
Norwegian Lutheran Deaconesses' Home and Hospital*¹	Brooklyn	B. A. Harris	OB	1,905	3,700	1	3	1	75
St. Catherine's Hospital*¹	Brooklyn	C. A. Gordon and W. C. Meagher	OBG	2,310	3,211	1	4	2	75
St. John's Episcopal Hospital*¹	Brooklyn	C. W. Mueller	OBG	1,509	3,578	1	4	3	95
St. Mary's Hospital*¹	Brooklyn	C. H. Loughran	OBG	2,700	6,625	1	3	3	80
Unity Hospital*¹	Brooklyn	S. L. Siegler	OBG	2,903	1,245	2	4	2	100
Wyckoff Heights Hospital*¹	Brooklyn	F. W. Benschine	OBG	1,796	915	1	3	1	..
Buffalo General Hospital*¹	Buffalo	C. L. Randall	OBG	2,513	3,191	10	10	3	25
Children's Hospital ¹	Buffalo	R. C. McDowell	OB	2,575	...	..	..	2	25
Deaconess Hospital*¹	Buffalo	W. H. Masson	OBG	3,353	137	1	3	1	125
Edward J. Meyer Memorial Hospital*¹	Buffalo	E. G. Winkler	OBG	1,780	8,411	2	4	3	100
Millard Fillmore Hospital*¹	Buffalo	L. F. McLean	OBG	6,699	75	2	6	3	50
Sisters of Charity Hospital*¹	Buffalo	E. G. Winkler	OB	3,809	103	3	9	3	150
Flushing Hospital Dispensary*¹	Flushing, N.Y.	F. Carpenter	OBG	4,851	3,968	1	2	3	100
Meadowbrook Hospital*¹	Hempstead, N.Y.	E. F. Miller	OB	984	3,003	1	2	1	135
Mary Immaculate Hospital*¹	Jamaica, N.Y.	J. V. Rizzi	OB	2,367	3,678	1	1	1	110
Queens General Hospital*¹	Jamaica, N.Y.	F. Carpenter	OBG	3,073	10,404	1	2	2	80
Charles S. Wilson Memorial Hospital*¹	Johnson City, N.Y.	C. Cheatham	OB	1,739	...	2	2	1	150
Nassau Hospital*¹	Mineola, N.Y.	G. Borden	OB	2,371	...	1	1	1	110
Bellevue Hospital Div. III-New York University*¹	New York City	W. E. Studdiford	OBG	5,253	28,510	2	6	3	80
Beth Israel Hospital*¹	New York City	H. C. Falk	OBG	3,947	7,079	2	6	2	50
Bronx Hospital*¹	New York City	A. C. Posner	OB	2,863	4,701	1	3	1	35
		A. J. Fleischer	GYN	1,203	2,126	1	3	1	35
Flower and Fifth Avenue Hospital*¹	New York City	L. S. Loizeaux	OBG	3,531	2,428	1	3	3	...
Fordham Hospital*¹	New York City	M. L. Brandt	OBG	1,746	7,936	2	4	2	80
French Hospital*¹	New York City	C. Heaton and H. C. Falk	OBG	2,249	5,151	2	4	2	20
Harlem Hospital*¹	New York City	P. M. Murray and A. C. Posner	OBG	7,754	45,695	6	10	3	80
Hospital for Joint Diseases*¹	New York City	H. B. Davidson	GYN	368	2,722	1	1	1	40
Jewish Memorial Hospital*	New York City	M. Brandt and S. Rosenfeld	OBG	2,215	1,891	1	1	1	100
Lenox Hill Hospital*	New York City	R. C. Van Etten and J. C. Kilroe	OBG	3,406	8,089	1	2	2	50
Lincoln Hospital*¹	New York City	W. H. Godsick	OBG	3,816	22,217	3	9	2	...
Metropolitan Hospital*¹	New York City	L. Loizeaux, Jr.	OBG	3,525	17,184	1	4	2	80
Misericordia Hospital*	New York City	J. A. Kelly	OB	1,879	3,259	1	1	1	100
Morrisania City Hospital*¹	New York City	M. J. Goodfriend	OBG	1,834	8,963	1	4	2	80
Mount Sinai Hospital*¹	New York City	M. A. Goldberger	GYN	1,455	6,971	5	5	2	80

Numerical and other references will be found on page 462.

V 14
1951

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residences Offered*	Total Residences Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
New York City Hospital*†	New York City	R. J. Lowrie and J. V. Ricci	OBG	2,735	15,073	2	5	2	80
New York Hospital*†	New York City	R. G. Douglas	OBG	7,110	40,918	10	14	3	25
New York Infirmary*†	New York City	W. A. Ragland	OB	1,482	4,109	1	1	2	75
New York Polyclinic Medical School and Hospital*	New York City	E. H. Dennen	OB	1,379	2,987	1	2	2	75
		D. N. Barrows	GYN	1,237	2,710	1	2	2	75
Presbyterian Hospital*† 49	New York City	H. C. Taylor, Jr.	OBG	6,530	39,758	7	21	3	208
Roosevelt Hospital*†	New York City	T. C. Peightal	GYN	829		1	1	2	
St. Clare's Hospital*	New York City	M. J. Jordan	OBG	2,990	4,665	1	4	3	25
St. Francis Hospital*	New York City	J. S. Labate	OBG					2	
St. Vincent's Hospital*†	New York City	T. E. Lavell	OBG	4,062	8,222	1	4	3	50
Sydenham Hospital*†	New York City	P. M. Murray	OBG	2,361	3,679	1	3	2	85
University Hospital*†	New York City	L. L. MacKenzie	GYN	386	8,723		3	2	80
Woman's Hospital†	New York City	A. H. Aldridge	OBG	5,929	29,488	4	10	3	25
United Hospital*†	Port Chester, N.Y.	J. Hawthorne	OB	1,228	603	1	2	1	150
Genesee Hospital*†	Rochester, N.Y.	S. R. Snow	OBG	2,329	2,105	1	2	3	41.66
Highland Hospital*†	Rochester, N.Y.	J. B. Loder	OB	2,096	490	1	1	1	100
Rochester General Hospital*†	Rochester, N.Y.	E. R. Duggan	OB	2,413	2,039	1	1	3	55
Strong Memorial-Rochester Municipal Hospitals*†	Rochester, N.Y.	K. M. Wilson	OBG	3,385	6,996	3	9	3	41.66
Ellis Hospital*†	Schenectady, N.Y.	W. Mallu	OB	1,689		1	1	1	100
			GYN					1	100
General Hospital*	Syracuse, N.Y.	R. Pieri	OBG	2,478	2,061		3	2	
St. Joseph's Hospital*†	Syracuse, N.Y.	L. G. Fournier	OBG	2,669	1,596	2	2	1	125
Syracuse Memorial Hospital*†	Syracuse, N.Y.	E. C. Hughes and C. E. Clark	OBG	3,855	5,083		8	3	125
Charlotte Memorial Hospital*	Charlotte, N.C.	W. Z. Bradford	OBG	2,471	2,014	1	2	2	100
Duke Hospital*†	Durham, N.C.	B. Carter	OBG	3,102	16,209	3	10	3	25
Watts Hospital*†	Durham, N.C.	E. D. Wesley	OB	1,491	918		2	1	50
North Carolina Baptist Hospital*†	Winston-Salem, N.C.	F. R. Lock	OBG	2,176	4,335	2	5	3	41.66
City Hospital*†	Akron, Ohio	S. B. Conger	OBG	5,751	4,132	2	6	3	140
Peoples Hospital*	Akron, Ohio	L. Da Sef	OBG	4,181	1,559	2	5	2	125
St. Thomas Hospital*†	Akron, Ohio	L. L. Moldavsky	OBG	2,956	2,089	2	8	2	200
Aultman Hospital*†	Canton, Ohio	H. L. Keck	OBG	3,860	94	4	5	1	125
Mercy Hospital*†	Canton, Ohio	R. K. Ramsayer	OBG	3,810	280	2	5	2	125
Bethesda Hospital*†	Cincinnati	R. D. Bryant and L. J. Bossert	OBG	4,122	371	2	4	3	150
Cincinnati General Hospital*†	Cincinnati	S. Garber	OB	3,794	6,599	3	4	3	
City Hospital*†	Cleveland	A. E. Bennett	OB	1,899	6,100	2	7	3	67
			GYN	582	5,438			1	
Fairview Park Hospital*†	Cleveland	E. D. Saunders	OB	2,785	330	1	2	1	100
Lutheran Hospital*†	Cleveland	R. S. Dial	OB	1,712		2	2	1	100
Mount Sinai Hospital*†	Cleveland	L. H. Biskind	OBG	3,756	5,677	2	3	3	100
St. Ann's Maternity Hospital	Cleveland	M. B. Lavin and H. C. Wise	OB	2,063	847	3	3	1	300
St. John's Hospital*†	Cleveland	J. V. Heimann and R. S. Dial	OBG	3,133	350	2	4	2	110
St. Luke's Hospital*†	Cleveland	C. T. Hemmings	OBG	4,390	4,138	1	4	3	100
University Hospitals*†	Cleveland	G. J. Vosburgh	OBG	6,842	26,887	7	14	3	
Mount Carmel Hospital*†	Columbus, Ohio	R. DaVassett	OB	3,089	880	1	3	2	135
Ohio State University Hospital*†	Columbus, Ohio	A. C. Barnes	OBG	3,728	14,944	2	6	3	50
St. Ann's Maternity Hospital	Columbus, Ohio	J. J. De Marco	OB	2,321	608	2	4	2	100
White Cross Hospital*†	Columbus, Ohio	W. M. Silbernagel	OB	3,601		1	2	2	100
Miami Valley Hospital*†	Dayton, Ohio	A. D. Cook	OB	4,751	1,936	1	1	1	75
Lakewood Hospital*†	Lakewood, Ohio	B. Wylie	OB	1,517	34	2	2	1	100
St. Rita's Hospital*†	Lima, Ohio	V. A. Noble	OB	2,034	263	1	2	2	100
Maumee Valley Hospital*	Toledo, Ohio	B. Botsch	OB	723	523	1	2	1	125
Mercy Hospital*†	Toledo, Ohio	R. C. King	OBG	4,045	1,600	2	6	2	137.50
St. Vincent's Hospital*†	Toledo, Ohio	M. W. Bothelm	OBG	2,887		2	4	3	125
Toledo Hospital*†	Toledo, Ohio	O. E. Todd	OBG	3,782	1,489	2	4	3	125
St. Elizabeth's Hospital*†	Youngstown, Ohio	P. L. Boyle	OBG	4,451	1,315	1	3	2	110
St. Anthony Hospital*	Oklahoma City	G. Rogers	OBG	5,285	2,908	1	2	2	150
University Hospitals*†	Oklahoma City	J. W. Kelso and J. B. Eskridge	OBG	2,133	10,907	3	3	3	50
Wesley Hospital*†	Oklahoma City	J. W. Records	OBG	2,989	3,256	1	1	1	150
St. John's Hospital*†	Tulsa, Okla	F. D. Sinclair	OB	3,502		3	3	1	150
Emanuel Hospital*†	Portland, Ore	R. C. Blatchford	OBG	6,531		1	3	3	85
St. Vincent's Hospital*†	Portland, Ore	E. E. Gambee	OB	2,205		1	1	1	75
University of Oregon Medical School Hospitals and Clinics*	Portland, Ore	H. C. Stearns	OBG	1,635	9,647	1	3	3	85
Abington Memorial Hospital*†	Abington, Pa	R. D. Porter and C. M. Turman	OBG	2,348	3,292	1	1	2	50
St. Luke's Hospital*†	Bethlehem, Pa	T. E. Schadt	OBG	2,602	530	1	3	2	100
Bryn Mawr Hospital*†	Bryn Mawr, Pa	J. L. Richards	OBG	2,562	1,435	1	1	1	75
George F. Geisinger Memorial Hospital and Clinic*†	Danville, Pa	R. E. Nicodemus	OB	1,457	9,959	2	2	1	100
Fitzgerald-Mercy Hospital*	Darby, Pa	J. V. Missett, Jr	OBG	3,412	2,433			1	200
Harrisburg Hospital*†	Harrisburg, Pa	W. P. Dailey	OB	2,325	2,541	1	3	1	
Episcopal Hospital*†	Philadelphia	J. H. Dugger	OBG	2,556	4,919	2	3	3	50
Frankford Hospital*†	Philadelphia	G. C. Hanna, Jr.	OBG	2,584		1	1	1	200
Germantown Dispensary and Hospital*†	Philadelphia	Z. B. Newton	OBG	2,329	3,787	2	4	2	50
Graduate Hospital of the University of Pennsylvania*†	Philadelphia	R. Kimbrough	GYN	646	1,770	1	2	3	
Hahnemann Hospital*†	Philadelphia	B. V. MacFadyen and N. F. Passo	OBG	4,502	11,246	2	8	3	50
Hospital of the University of Pennsylvania*†	Philadelphia	F. L. Payne and C. Bachman	OBG	3,865	11,167	3	7	3	
Hospital of the Woman's Medical College of Pennsylvania*†	Philadelphia	M. DeW. Pettit and A. G. Taylor	OBG	2,296	1,366	2	5	3	60
Jefferson Medical College Hospital*	Philadelphia	L. C. Scheffley and T. L. Montgomery	OBG	5,422	22,747	8	8	3	
Jewish Hospital*†	Philadelphia	C. J. Stamm and I. Frank	GYN	1,875	601	1	2	2	50
Lankenau Hospital*†	Philadelphia	R. B. Wilson	OB	738		1	1	2	50
Mercy-Douglass Hospital*†	Philadelphia		OBG					2	
Mount Sinai Hospital*†	Philadelphia	A. First and C. Wachs	OBG	2,137	3,448	2	2	2	50
Pennsylvania Hospital*	Philadelphia	C. B. Lull	OBG	4,672	14,639	1	6	3	20
Philadelphia General Hospital*†	Philadelphia	F. Kern	OBG	5,797		2	6	3	75
Temple University Hospital*†	Philadelphia	J. R. Willson	OBG	4,081	11,963	0	9	3	
Woman's Hospital	Philadelphia	D. L. Ashton and A. G. Taylor	OBG	2,308	7,833	3	4	3	100
Mercy Hospital*†	Pittsburgh	R. A. Gillis and R. J. Frodey	OBG	3,119	863			2	100
Montefiore Hospital*	Pittsburgh	H. Cohen	OB	2,081	3,774	1	1	1	100

Numerical and other references will be found on page 462.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated	Outpatient Visits	First Year Residencies Offered[4]	Total Residencies Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Pittsburgh Hospital*[1]	Pittsburgh	R. A. D. Gillis and E. A. Conti	OBG	2,403	965	1	2	2	125
Pittsburgh Medical Center[1,76]	Pittsburgh	H. A. Power and J. A. Hepp	OBG	7,889	10,027	4	12	3	41.67
St. Francis Hospital*[1]	Pittsburgh		OBG	2,600	1,269	..	..	3	...
St. Margaret Memorial Hospital*[1]	Pittsburgh		OBG	1,244	551	1	1	2	100
South Side Hospital*[1]	Pittsburgh	J. A. New and J. Hodgkiss	OBG	1,461	598	..	..	1	...
Wilkes-Barre General Hospital*[1]	Wilkes-Barre, Pa.	J. J. Kocyan	OB	1,877	750	1	1	1	100
Providence Lying-In Hospital	Providence, R.I.	A. L. Potter	OB	1,412	11,436	2	2	1	110
Rhode Island Hospital*[1]	Providence, R.I.	G. Waterman	GYN	1,504	2,612	1	2	1	60
Roper Hospital*[1]	Charleston, S.C.	L. A. Wilson	OBG	2,664	10,410	1	4	3	50
Columbia Hospital*[1]	Columbia, S.C.	M. E. Hutchinson	OBG	2,843	3,082	1	2	2	125
Greenville General Hospital*[1]	Greenville, S.C.	J. D. Guess	OBG	4,145	2,810	2	4	2	125
Baroness Erlanger Hospital*[1]	Chattanooga, Tenn.	E. F. Buehner	OB	3,789	4,480	2	3	1	75
Baptist Memorial Hospital*	Memphis, Tenn.	M. W. Searight	OBG	5,067	1,151	1	3	2	75
John Gaston Hospital*[1]	Memphis, Tenn.	F. E. Whitacre	OBG	7,019	20,285	4	10	3	...
Methodist Hospital*	Memphis, Tenn.	C. Warde	OB	3,828	1,113	1	1	1	75
St. Joseph Hospital*[1]	Memphis, Tenn.	M. J. Roach	OBG	3,070	1,401	1	4	3	100
George W. Hubbard Hospital of Meharry Medical College*[1]	Nashville, Tenn.	R. S. Duke	OB	1,247	3,742	1	4	2	75
Nashville General Hospital*	Nashville, Tenn.	R. S. Duke and M. S. Lewis	OBG	1,857	11,938	2	5	2	100
St. Thomas Hospital*[1]	Nashville, Tenn.	M. S. Lewis	OB	2,577	...	..	..	2	150
Vanderbilt University Hospital*[1]	Nashville, Tenn.	J. C. Burch	OBG	2,822	8,811	..	..	3	...
Baylor University Hospital*[1]	Dallas, Texas	W. K. Strother	OBG	7,713	4,181	2	4	3	50
Methodist Hospital*[1]	Dallas, Texas	D. G. Harrel	OBG	4,668	2,172	1	3	1	100
Parkland Hospital	Dallas, Texas	W. F. Mengert	OBG	3,146	14,315	4	8	3	...
Hotel Dieu, Sisters' Hospital[1] (St. Joseph's Maternity Hospital)	El Paso, Texas	E. C. Bernell	OB	1,299	9,304	1	1	2	150
Harris Hospital*[1]	Fort Worth, Texas	R. P. McDonald	OBG	4,841	1,650	2	2	1	125
University of Texas Medical Branch Hospitals*[1] John Sealy Hospital	Galveston, Texas	W. R. Cooke	OBG	1,959	11,079	2	6	3	100
Hermann Hospital*[1]	Houston, Texas	C. Pugsley and A. L. Dippel	OBG	6,820	9,917	3	9	3	75
Jefferson Davis Hospital*	Houston, Texas	H. Johnson	OBG	4,745	30,385	3	8	1	25
Memorial Hospital[1]	Houston, Texas	J. N. Tucker and D. M. Paton	OBG	3,811	202	2	2	3	150
Methodist Hospital*[1]	Houston, Texas	J. A. Wall and D. Wachsman	OBG	1,362	4,229	..	..	2	75
St. Joseph's Infirmary*	Houston, Texas	D. V. Wachsman	OB	7,434	1,939	3	5	2	100
Thomas D. Dee Memorial Hospital*[1]	Ogden, Utah	V. L. Ward	OBG	2,833	...	1	3	3	150
Dr. W. H. Groves Latter-Day Saints Hospital*	Salt Lake City	D. R. Skidmore and C. L. Vance	OBG	5,476	188	2	6	2	125
Holy Cross Hospital*[1]	Salt Lake City	L. C. Warenski	OBG	2,553	3,000	2	6	3	75
Salt Lake County General Hospital*[1]	Salt Lake City	E. G. Holstrom	OBG	1,114	3,111	..	3	2	50
Mary Fletcher Hospital*[1]	Burlington, Vt.	J. Vans Maeck	OBG	1,446	5	1	1	2	100
Arlington Hospital[1]	Arlington, Va.	J. B. Jacobs	OB	1,858	230	..	1	1	100
University of Virginia Hospital*[1]	Charlottesville, Va.	W. N. Thornton	OBG	2,840	7,664	2	5	3	50
Riverside Hospital*[1]	Newport News, Va.	W. R. Payne	OBG	1,945	...	2	2	1	175
De Paul Hospital*[1]	Norfolk, Va.	J. R. Kight	OBG	2,927	1,555	1	2	2	125
Norfolk General Hospital*[1]	Norfolk, Va.	R. B. Niccolls	OB	1,785	638	2	2	1	125
Medical College of Virginia-Hospital Division*[1]	Richmond, Va.	H. H. Ware, Jr.	OB	5,837	11,008	..	..	3	46.50
King County Hospital, Unit No. 1 (Harborview)*[1]	Seattle	R. R. De Alvarez	OBG	1,550	5,247	1	3	3	100
Providence Hospital*[1]	Seattle	J. Claney	OB	2,183	1,007	1	1	1	110
Virginia Mason Hospital*[1]	Seattle	R. N. Rutherford	OB	2,022	...	1	2	1	75
St. Luke's Hospital*[1]	Spokane	R. E. Gillett	OBG	1,585	...	1	1	1	125
St. Mary's Hospital*[1]	Huntington, W. Va.	E. J. Humphrey	OB	2,157	1,082	1	1	1	125
State of Wisconsin General Hospital*[1,50]	Madison, Wis.	W. Harris	OBG	901	6,326	1	3	3	25
Columbia Hospital*	Milwaukee	F. J. Stoddard	OB	1,236	...	1	1	1	75
Milwaukee County Hospital*[1,50]	Milwaukee	R. S. Cron	OBG	1,960	4,883	1	4	3	50
Milwaukee Hospital*[1]	Milwaukee	F. J. Hofmeister	OBG	4,387	1,301	1	3	3	125
Mount Sinai Hospital*	Milwaukee	B. E. Urban	OBG	3,316	969	3	5	3	100
St. Joseph's Hospital*	Milwaukee	G. Kilkenny	OBG	4,647	...	1	4	3	75
St. Luke's Hospital*[1]	Milwaukee	A. Watts	OBG	2,336	...	1	1	1	205
St. Mary's Hospital*[1]	Milwaukee	J. D. Owen and D. Werner	OBG	2,564	...	..	3	2	100
Kapiolani Maternity and Gynecological Hospital[1]	Honolulu, Hawaii	K. S. Tom and C. C. McCorriston	OBG	5,036	...	4	4	2	100
Queen's Hospital*[1]	Honolulu, Hawaii	R. Sakimoto	OBG	2,393	4,452	2	3	2	100

13. OCCUPATIONAL MEDICINE

The following services are approved by the Council on Medical Education and Hospitals.

Hospitals, 1 Assistant Residencies and Residencies, 2

Name of Hospital **NONFEDERAL**	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Saginaw General Hospital*	Saginaw, Mich.	R. D. Mudd	159	273,520	1	1	1	2	2	325

14. OPHTHALMOLOGY

The following services are approved by the Council on Medical Education and Hospitals.

Hospitals, 156 Assistant Residencies and Residencies, 551

Name of Hospital **UNITED STATES ARMY**	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residencies Offered[4]	Total Residencies Offered[4]	Beginning Stipend (Month)
Letterman Army Hospital*	San Francisco	W. A. Weller	1,356	6,428	..	..	...
Fitzsimons Army Hospital*	Denver	B. T. Bowers	3,527	5,233	2	2	...
Army Medical Center*[27]	Washington, D.C.	A. Lowry, Jr.	496	20,022	2	9	...
Brooke Army Medical Center*[28]	San Antonio, Texas	W. T. Sichi	1,089	10,940	..	..	...
Gorgas Hospital*	Ancon, C. Z.	H. W. Shreck	159	10,738	1	3	...

Numerical and other references will be found on page 462.

V 14
1951

14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residences Offered[2]	Total Residences Offered[2]	Beginning Stipend (Month)
UNITED STATES NAVY							
U. S. Naval Hospital*	Oakland, Calif.	B. N. Ahl	286	11,514	..	2	...
U. S. Naval Hospital*	San Diego, Calif.	K. J. Palmberg	269	18,826	3	3	...
U. S. Naval Hospital*[1]	Bethesda, Md.	A. J. Delaney	396	3,728	2	5	...
U. S. Naval Hospital*[1]	St. Albans, N. Y.	R. K. Hoch	124	8,369	..	..	...
U. S. Naval Hospital*[11]	Philadelphia, Pa.	F. Harbert	272	...	..	..	...
UNITED STATES PUBLIC HEALTH SERVICE							
U. S. Public Health Service Hospital*[1]	New Orleans, La.	L. M. Smith	125	3,166	1	2	...
U. S. Public Health Service Hospital*	Baltimore, Md.	W. P. Griffey	...	...	..	..	...
U. S. Public Health Service Hospital*[1]	Staten Island, N. Y.	J. B. Peebles	314	5,179	1	3	...
U. S. Public Health Service Hospital*[1]	Seattle, Wash.	H. U. Maness	209	3,969	..	3	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital	Tuskegee, Ala.	H. G. Wiggins	...	...	..	..	...
Veterans Admin. Hospital*[1]	Long Beach, Calif.	G. C. Struble	354	2,178	1	3	...
Veterans Admin. Hospital*[1]	Los Angeles, Calif.	C. S. Mumma	499	934	1	3	...
Veterans Admin. Hospital	San Francisco, Calif.	D. Harrington and M. Fine	310	2,379	1	3	...
Veterans Admin. Hospital*[1]	Chamblee, Ga.	F. P. Calhoun, Jr.	282	1,022	1	3	...
Veterans Admin. Hospital	Hines, Ill.	W. A. Mann	805	...	..	4	...
Veterans Admin. Hospital	Wadsworth, Kans.	A. W. McAlester	190	...	..	2	...
Veterans Admin. Hospital[1]	Louisville, Ky.	W. Schutz	353	1,555	1	2	...
Veterans Admin. Hospital	New Orleans, La.	J. H. Allen	174	426	1	3	...
Veterans Admin. Hospital[1]	Fort Howard, Md.	M. E. Randolph	131	126	..	1	...
Veterans Admin. Hospital	Dearborn, Mich.	A. D. Ruedeman	258	...	1	1	...
Veterans Admin. Hospital[1]	Minneapolis, Minn.	E. W. Hansen	208	480	3	3	...
Veterans Admin. Hospital[1]	Jefferson Barracks, Mo.	H. Rosenbaum	3,475	...	1	3	...
Veterans Admin. Hospital[1]	Brooklyn	M. A. Lasky	67	...	1	1	...
Veterans Admin. Hospital[1]	New York City	A. G. DeVoe	370	2,139	1	4	...
Veterans Admin. Hospital	Cleveland	P. J. Parisi	282	1,544	1	2	...
Veterans Admin. Hospital*[1]	Oklahoma City	F. A. Quenzer	152	...	1	1	...
Veterans Admin. Hospital	Portland, Ore.	A. B. Dykman	169	693	..	1	...
Veterans Admin. Hospital	Aspinwall, Pa.	J. G. Linn	130	...	..	3	...
Veterans Admin. Hospital[11]	Memphis, Tenn.	S. D. Maiden	...	...	1	2	...
Veterans Admin. Hospital[1]	Dallas, Texas	M. Thomas	71	...	1	2	...
Veterans Admin. Hospital*[1]	Houston, Texas	E. L. Goar	168	...	1	2	...
Veterans Admin. Hospital*[1]	McKinney, Texas	S. B. Gostin	166	2,350	1	1	...
Veterans Admin. Hospital*	Richmond, Va.	E. W. Perkins	156	1,318	1	3	...
Veterans Admin. Hospital	Milwaukee	J. B. Hitz	165	403	3	3	...
NONFEDERAL							
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	A. Callahan	1,007	4,196	2	4	50
Arkansas Baptist Hospital*[1]	Little Rock, Ark.	K. W. Cosgrove	513		2	2	100
General Hospital of Fresno County*[1]	Fresno, Calif.	H. M. Grayman	233	6,044	1	2	206
Eye and Ear Hospital of Los Angeles	Los Angeles	A. H. Miller	2,859	5,423	1	2	100
Los Angeles County Hospital*	Los Angeles	W. J. Endres	1,166	19,938	4	4	165
White Memorial Hospital*	Los Angeles	M. W. Nugent	269	9,915	1	2	120
San Diego County General Hospital*[1]	San Diego, Calif.	H. Lucie	148	5,420	1	1	125
Franklin Hospital*[1]	San Francisco	C. A. Dickey	146	12,654	1	1	100
Greens' Eye Hospital	San Francisco	V. Y. Suglian	684	32,238	2	4	50
Stanford University Hospitals*[1]	San Francisco	A. E. Maumenee	764	9,841	1	3	50
University of California Hospital*[1]	San Francisco	F. C. Cordes	321	12,220	..	4	75
University of Colorado Medical Center Colorado General Hospital*[1]	Denver	R. W. Danielson	131	8,146	..	3	75
Grace-New Haven Community Hospital New Haven Unit (University Service)*[1]	New Haven, Conn.	E. Blake	412	7,054	1	2	40
Episcopal Eye, Ear, and Throat Hospital[1]	Washington, D. C.	G. V. Simpson	1,555	28,052	2	6	25
Gallinger Municipal Hospital*[1]	Washington, D. C.	E. Cummings and R. A. Cox	186	4,574	1	2	100
Grady Memorial Hospital*[1]	Atlanta, Ga.	F. P. Calhoun, Jr.	515	16,461	2	6	20
Chicago Eye, Ear, Nose and Throat Hospital	Chicago	A. A. Stonehill	657	19,580	..	3	50
Cook County Hospital*[1]	Chicago	D. T. Vail	392	17,861	..	6	32
Illinois Eye and Ear Infirmary[1]	Chicago	W. F. Hughes, Jr.	1,752	63,345	9	19	...
Mercy Hospital*[1]	Chicago	L. G. Hoffman	107	2,148	1	1	25
Michael Reese Hospital*[1]	Chicago	T. N. Zekman	546	5,168	1	2	25
Passavant Memorial Hospital*[1]	Chicago	D. Vail	581	506	1	2	...
Presbyterian Hospital*	Chicago	J. M. Donegan	344	7,682	1	2	25
Provident Hospital*[1]	Chicago	W. M. Jones	83	...	1	2	50
Research and Educational Hospitals*[1]	Chicago	W. F. Hughes	135	9,581	1	2	55
St. Joseph Hospital*	Chicago	J. Donegan	27	712	1	1	...
St. Luke's Hospital*[1]	Chicago	R. C. Gamble	302	2,293	..	2	25
University of Chicago Clinics*	Chicago	A. C. Krause	173	11,050	3	6	25
Wesley Memorial Hospital*[1]	Chicago	W. Mann	349	...	1	2	25
Woodlawn Hospital*[1]	Chicago	F. M. Whitsell	270	59	1	1	150
Indianapolis General Hospital*[1]	Indianapolis	E. W. Dyar	182	7,448	1	2	80
Indiana University Medical Center*[1]	Indianapolis	A. Masters	255	4,739	2	4	150
University Hospitals*[1]	Iowa City	A. E. Braley	1,453	4,638	2	6	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	A. Lemoine, Jr.	359	5,381	1	2	100
Louisville General Hospital*[1]	Louisville, Ky.	C. D. Townes	162	7,305	..	4	50
Charity Hospital of Louisiana*	New Orleans		1,543	20,092	1	3	25
Eye, Ear, Nose and Throat Hospital[1]	New Orleans	W. B. Clark	1,375	21,711	11	17	...
Touro Infirmary*[1]	New Orleans	E. E. Allgeyer	114	2,671	1	1	17
Baltimore Eye, Ear, and Throat Charity Hospital[1]	Baltimore	C. A. Clapp	1,122	13,107	1	3	10
Johns Hopkins Hospital*[1]	Baltimore	A. C. Woods	1,708	18,246	4	10	41.66
University Hospital*[1]	Baltimore	F. E. Knowles, Jr.	45	4,832	1	1	...
Boston City Hospital*[1]	Boston	J. J. Regan	633	22,387	..	7	110
Massachusetts Eye and Ear Infirmary[1]	Boston	E. B. Dunphy	3,060	43,995	6	11	41.66
Massachusetts Memorial Hospital*	Boston	R. H. Hopkins	306	3,170	1	2	50
University Hospital*[1]	Ann Arbor, Mich.	F. B. Fralick	530	12,986	3	9	124
City of Detroit Receiving Hospital*[1]	Detroit	A. D. Ruedemann	531	14,043	4	6	217
Harper Hospital*[1]	Detroit	A. D. Ruedemann	1,369	7,190	1	3	205
Henry Ford Hospital*[1]	Detroit	E. L. Whitney	452	23,824	2	4	225
Wayne County General Hospital and Infirmary*	Eloise, Mich.	F. T. May	314	...	1	2	252
Minneapolis General Hospital*[1]	Minneapolis	W. K. Haven	126	3,728	1	1	125
University of Minnesota Hospitals*[1]	Minneapolis	E. Hansen	288	...	5	5	...
Mayo Foundation	Rochester, Minn.	C. W. Rucker	...	...	4	11	135
Ancker Hospital*[1]	St. Paul, Minn.	R. O. Leuvenworth	115	4,029	..	..	91.50
Charles T. Miller Hospital*[1]	St. Paul, Minn.	E. Burch	740	3,250	1	3	115
St. Louis County Hospital*[1]	Clayton, Mo.	D. Bisno	86	3,380	1	2	95
Kansas City General Hospital, No. 1*	Kansas City, Mo.	A. W. McAlester, III	203	5,456	1	2	75
Barnes Hospital*	St. Louis	L. T. Post	1,727	21,735	..	7	...
Homer G. Phillips Hospital*[1]	St. Louis	L. T. Post	145	3,757	2	3	132.80
St. Louis City Hospital*[1]	St. Louis	D. Bisno and R. Mattis	175	4,925	1	2	123

Numerical and other references will be found on page 462.

147
51

14. OPHTHALMOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residences Offered[a]	Total Residences Offered[a]	Beginning Stipend (Month)
St. Mary's Group of Hospitals*[1]	St. Louis	J. F. Hardesty	268	8,400	1	3	35
University of Nebraska Hospital*[1]	Omaha	J. H. Judd	172	2,781	1	3	125
Jersey City Hospital*[1]	Jersey City, N. J.	F. X. Brophy	227	9,382	..	5	35
Newark Eye and Ear Infirmary	Newark, N. J.	..	1,206	7,626	2	2	..
Brooklyn Eye and Ear Hospital[1]	Brooklyn	E. C. Place and W. V. Moore	2,780	51,785	..	8	..
Jewish Hospital*[1]	Brooklyn	M. A. Lasky	164	3,594	1	3	50
Kings County Hospital*[1]	Brooklyn	W. Moehle	481	13,647	3	4	..
Long Island College Hospital*	Brooklyn	H. F. Schilback	148	3,495	2	3	25
Buffalo General Hospital*	Buffalo	I. J. Koenig	331	3,102	2	2	25
Edward J. Meyer Memorial Hospital*[1]	Buffalo	I. J. Koenig	154	5,187	2	3	100
Millard Fillmore Hospital*[1]	Buffalo	E. B. Hague	292	341	1	1	50
Queens General Hospital*[1]	Jamaica, N. Y.	T. D. Angelo	232	7,185	1	2	80
Bellevue Hospital, Div. III and IV, New York University*[1]	New York City	A. G. DeVoe	381	16,408	4	9	50
Beth Israel Hospital*[1]	New York City	E. B. Gresser	150	4,009	1	1	50
Bronx Eye and Ear Infirmary	New York City	N. J. Gould and M. Jaffe	1,292	16,390	1	2	50
Goldwater Memorial Hospital*[1]	New York City	S. Fox	1,629	1,801	1	3	80
Lenox Hill Hospital*	New York City	J. J. Reid	438	4,735	1	1	50
Manhattan Eye, Ear, and Throat Hospital	New York City	R. T. Paton	2,711	70,110	..	10	..
Metropolitan Hospital*[1]	New York City	C. A. Turtz	69	5,456	1	1	130
Montefiore Hospital*[1]	New York City	S. Gartner	71	2,385	1	1	60
Mount Sinai Hospital*[1]	New York City	H. Minsky	400	12,438	2	2	50
New York City Hospital*[1]	New York City	W. R. Loewe	254	5,815	1	2	80
New York Eye and Ear Infirmary[1]	New York City	C. Berens	6,404	126,254	5	13	..
New York Hospital*[1]	New York City	J. McLean	650	14,535	2	4	25
New York Polyclinic Medical School and Hospital*	New York City	H. H. Romaine	141	4,758	1	2	75
Presbyterian Hospital*[1,21]	New York City	J. H. Dunnington	2,542	27,955	3	9	208
St. Luke's Hospital*[1]	New York City	W. G. Frey	174	5,540	1	1	60
University Hospital*	New York City	A. G. DeVoe	208	6,198	1	3	80
Rochester General Hospital*[1]	Rochester, N. Y.	E. R. Vernou	183	1,475	..	..	55
St. Mary's Hospital*[1]	Rochester, N. Y.	C. Sullivan	308	2,206	1	2	125
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N. Y.	J. F. Gipner	466	4,989	..	2	41.66
Sea View Hospital[1]	Staten Island, N. Y.	S. Saltzman	2,565	..	1	1	140
Syracuse Medical Center*[1]	Syracuse, N. Y.	H. H. Joy	256	..	..	1	125
Grasslands Hospital*[1]	Valhalla, N. Y.	C. Wood	94	4,671	1	3	125
Duke Hospital*[1]	Durham, N. C.	W. B. Anderson	456	4,627	2	8	..
McPherson Hospital[1]	Durham, N. C.	S. D. McPherson	733	21,878	1	3	25
North Carolina Baptist Hospital*[1]	Winston-Salem, N. C.	W. Roberts	179	2,067	1	2	41.66
Cincinnati General Hospital*[1]	Cincinnati	D. Lyle	334	8,930	2	4	..
City Hospital*[1]	Cleveland	G. L. Miller	524	5,943	..	2	77
Cleveland Clinic Hospital[1]	Cleveland	R. J. Kennedy	342	21,945	2	12	..
St. Luke's Hospital*[1]	Cleveland	M. W. Jacoby	431	3,294	1	1	125
University Hospitals*[1]	Cleveland	A. B. Bruner	871	6,762	1	3	..
Ohio State University Hospital*	Columbus, Ohio	A. M. Culler	199	7,504	2	4	50
University Hospitals*[1]	Oklahoma City	J. P. McGee	384	3,834	2	2	50
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	K. C. Swan	231	14,679	2	6	85
George F. Geisinger Memorial Hospital*[1]	Danville, Pa.	C. H. Jacobs	278	8,492	1	2	100
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	E. B. Spaeth	721	3,745	3	5	..
Hospital of the University of Pennsylvania*[1,51]	Philadelphia	F. H. Adler	683	9,369	..	9	..
Jefferson Medical College Hospital*	Philadelphia	A. E. Town	206	6,569	2	2	..
Philadelphia General Hospital*[1]	Philadelphia	G. J. Dublin	156	..	1	2	75
Temple University Hospital*[1]	Philadelphia	G. G. Gibson	277	4,056	..	4	..
Wills Hospital[1]	Philadelphia	..	4,026	108,806	12	12	..
Pittsburgh Medical Center[76]	Pittsburgh	J. G. Linn	1,954	10,877	2	6	41.66
Robert Packer Hospital*[1]	Sayre, Pa.	..	279	..	..	1	150
Roper Hospital*[1]	Charleston, S. C.	P. Jenkins	722	2,734	1	1	50
Knoxville General Hospital*	Knoxville, Tenn.	H. E. Christenberry	57	792	1	1	95
John Gaston Hospital*	Memphis	P. M. Lewis	283	5,877	1	2	50
Memphis Eye, Ear, Nose and Throat Hospital	Memphis	P. M. Lewis	175	5,193	4	8	65
Nashville General Hospital*	Nashville	J. T. Bryan	..	929	1	1	100
University of Texas Medical Branch Hospital*[1] John Sealy Hospital	Galveston, Texas	C. S. Sykes	258	4,566	1	2	50
Jefferson Davis Hospital*	Houston, Texas	E. L. Goar	207	8,812	..	2	50
University of Virginia Hospital*[1]	Charlottesville, Va.	E. Burton	360	3,428	1	3	50
Medical College of Virginia—Hospital Division*[1]	Richmond, Va.	R. H. Courtney	503	5,758	..	..	46.50
Gill Memorial Eye, Ear, and Throat Hospital[1,11]	Roanoke, Va.	E. G. Gill	..	..	..	..	150
King County Hospital, Unit No. 1 (Harborview)*[1]	Seattle, Wash.	C. D. F. Jensen	76	1,408	1	1	100
State of Wisconsin General Hospital*[1]	Madison, Wis.	F. A. Davis	557	4,843	1	3	25
St. Joseph's Hospital*[1]	Marshfield, Wis.	G. L. McCormick	145	79	1	3	300
Milwaukee County Hospital*[1]	Milwaukee	E. F. Carl	388	7,825	1	3	50

15. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A—adult orthopedics; C—children's orthopedics; F—fractures.

The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics, children's orthopedics and fractures. Training in the basic sciences is given either as an integral part of these services or as a separate course. Services collaborating in an integrated plan of training are designated by a program number, a list of which is found on page .

Residents completing their training in these hospitals are eligible for full certification by the American Board of Orthopedic Surgery, including children's orthopedic surgery.

Hospitals, 187 Assistant Residencies and Residencies, 637

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Program Identification	Beginning Stipend (Month)
UNITED STATES ARMY											
Brooke Army Medical Center*[28]	San Antonio, Texas	M. S. Thompson	ACF	3,458	7,935	7	5	..	..	..	...
FEDERAL SECURITY AGENCY											
Freedmen's Hospital*[1]	Washington, D.C.	J. R. Gladden	ACF	296	5,781	19	7	..	1	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital	San Francisco, Calif.	F. J. Cox and J. J. Loutzenheiser	AF	334	828	4	1	1	3	2, 3	...

Numerical and other references will be found on page 462.

V 14
1951

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences offered[4]	Program Identification	Beginning Stipend (Month)	
Veterans Admin. Hospital[*1]	Chamblee, Ga.	H. D. Smith	AF	622	...	3	1	2	4	6	...	
Veterans Admin. Hospital	Hines, Ill.	H. A. Sofield	AF	4,606	...	5	2	..	14	50	...	
Veterans Admin. Hospital[1]	Indianapolis	C. F. Thompson	AF	273	...	2	1	1	1	8	...	
Veterans Admin. Center[1]	Wadeworth, Kans.	R. H. Kiene	AF	639	...	1	1	2	6	18	...	
Veterans Admin. Hospital[1]	Louisville, Ky.	A. K. Fischer	AF	1,312	1,852	10	6	2	4	9	...	
Veterans Admin. Hospital	New Orleans, La.	R. H. Alldredge	AF	837	734	4	3	2	4	10	...	
Veterans Admin. Hospital	Fort Howard, Md.	W. S. Smith	AF	345	471	..	..	1	3	46	...	
Veterans Admin. Hospital[1]	Boston (West Roxbury)	J. Barr	AF	501	1,551	4	3	1	3	13	...	
Veterans Admin. Hospital[1]	Minneapolis, Minn.	E. T. Evans	AF	1,689	2,060	8	6	9	9	16	...	
Veterans Admin. Hospital[1]	Brooklyn	A. Schildhaus	AF	425	...	2	1	1	2	52	...	
Veterans Admin. Hospital	Buffalo, N.Y.	...	AF	...	...	..	..	..	2	24	...	
Veterans Admin. Hospital[1]	New York City	P. K. Sauer	AF	727	1,381	7	5	1	4	22	...	
Veterans Admin. Hospital[1]	Cleveland	R. P. Rizzo	AF	811	641	2	2	6	7	27	...	
Veterans Admin. Hospital[*1]	Oklahoma City	W. K. West	AF	363	...	..	..	1	1	53	...	
Veterans Admin. Hospital[1]	Portland, Ore.	H. C. Blair	AF	599	1,285	3	2	1	3	54	...	
Veterans Admin. Hospital[1]	Aspinwall, Pa.	D. L. Schwartz	AF	565	...	7	4	..	3	44	...	
Veterans Admin. Hospital	Columbia, S.C.	J. T. Green	AF	1,105	661	..	..	2	5	45	...	
Veterans Admin. Hospital	Memphis, Tenn.	D. M. Street	AF	1,179	1,953	8	4	3	8	1	...	
Veterans Admin. Hospital[1]	Dallas, Texas	P. M. Girard	AF	450	...	1	1	1	3	47	...	
Veterans Admin. Hospital[*1]	Houston, Texas	E. M. Cowart	AF	615	...	3	3	1	1	49	...	
Veterans Admin. Hospital[*]	Salt Lake City	J. A. Gubler	AF	342	92	1	..	1	1	49	...	
Veterans Admin. Hospital[*]	Richmond, Va.	...	AF	599	2,880	4	1	2	3	35	...	
Veterans Admin. Hospital	Milwaukee	P. L. Carnesale	AF	774	824	8	6	6	6	40	...	
NONFEDERAL												
Jefferson-Hillman Hospital[*1]	Birmingham, Ala.	J. G. Sherrill	ACF	1,414	4,196	23	6	1	3	..	50	
City Hospital[*]	Mobile, Ala.	W. C. Hannon	ACF	457	1,034	11	4	1	3	..	175	
Arkansas Children's Home and Hospital	Little Rock, Ark.	W. V. Newman	C	345	1,375	1	1	2	2	1	100	
Los Angeles County Hospital[*1]	Los Angeles	V. P. Thompson	ACF	4,057	42,433	200	14	11	11	..	165	
Orthopaedic Hospital	Los Angeles	A. Brockway	ACF	2,527	57,653	5	4	3	5	..	50	
Samuel Merritt Hospital	Oakland, Calif.	H. H. Hitchcock	AF	1,482	...	7	5	2	2	2	100	
Children's Hospital[*1]	San Francisco	L. C. Abbott	C	389	1,466	2	1	..	2	2	50	
Franklin Hospital[*1]	San Francisco	L. C. Abbott and F. C. Bost	A	1,087	6,514	3	2	1	3	2	100	
San Francisco Hospital[*1]	San Francisco	E. R. Schottsteadt	AF	...	...	..	..	..	2	2, 3	175	
Shriners Hospital for Crippled Children	San Francisco	F. C. Best	C	236	3,010	1	1	..	2	2	100	
Stanford University Hospitals[*1]	San Francisco	D. E. King	AC	818	5,578	1	..	..	2	3	50	
University of California Hospital[*1]	San Francisco	L. C. Abbott	A	209	7,279	..	..	..	2	2	75	
Children's Hospital[1]	Denver	I. E. Hendryson	C	735	4,260	1	..	..	2	4	50	
University of Colorado Medical Center												
Colorado General Hospital[*1]	Denver	H. I. Bernard	AF	376	2,309	12	8	..	1	4	75	
Denver General Hospital[*1, 24]	Denver	I. E. Hendryson	AF	614	2,210	37	17	..	1	4	75	
Hartford Hospital[*1]	Hartford, Conn.	M. M. Pike	AF	1,627	545	12	5	1	2	5	50	
Grace-New Haven Community Hospital												
New Haven Unit (University Service)[*1]	New Haven, Conn.	N. Shutkin	AF	664	4,612	10	2	..	3	5	40	
Hospital of St. Raphael[*1]	New Haven, Conn.	D. O. Connor	AF	418	888	9	..	1	3	43	75	
Newington Home and Hospital for Crippled Children	Newington, Conn.	...	C	406	3,698	..	..	..	2	5	100	
Alfred I. DuPont Institute of the Nemours Foundation[1]	Wilmington, Del.	A. R. Shands, Jr.	C	230	2,339	..	..	3	3	19, 20	100	
Gallinger Municipal Hospital[*]	Washington, D.C.	M. C. Cobey and J. Neviaser	ACF	349	5,876	18	7	3	5	..	100	
American Legion Hospital for Crippled Children	St. Petersburg, Fla.	...	C	...	...	..	..	..	..	7	...	
University Hospital[*1]	Augusta, Ga.	P. B. Wright	ACF	707	1,805	24	2	1	3	..	40	
Emory University Hospital[*]	Emory University, Ga.	R. P. Kelly	C	490	...	3	2	1	1	6	50	
Alexian Brothers Hospital[*]	Chicago	...	F	...	...	..	..	..	..	7	...	
Children's Memorial Hospital	Chicago	E. L. Compere	C	178	2,293	1	1	..	1	7	75	
Cook County Hospital[*1]	Chicago	F. Shapiro	ACF	790	8,799	29	5	..	3	..	32	
Northwestern University Medical Center												
Passavant Memorial Hospital[*]	Chicago	J. K. Stack and E. D. W. Hauser	A	802	3,107	1	1	..	..	7	...	
Research and Educational Hospitals[*1]	Chicago	F. A. Chandler	ACF	720	10,331	5	4	2	6	..	55	
St. Elizabeth Hospital[*]	Chicago	C. S. Seuderi	F	843	1,404	2	..	1	1	7	100	
Shriners Hospital for Crippled Children	Chicago	H. A. Sofield	C	232	2,469	..	..	..	..	50	33	
University of Chicago Clinics[*]	Chicago	C. H. Hatcher	ACF	619	5,526	7	7	1	4	..	25	
Wesley Memorial Hospital[*]	Chicago	E. L. Compere	AF	1,656	...	5	2	1	3	7	25	
Evanston Hospital[*]	Evanston, Ill.	V. C. Turner	AF	551	994	8	4	1	1	7	50	
St. Francis Hospital[*]	Evanston, Ill.	J. J. Fahey	AF	557	2,617	16	1	1	2	7	150	
West Suburban Hospital[*]	Oak Park, Ill.	H. A. Sofield	AF	565	1,259	8	5	1	1	33	150	
Indianapolis General Hospital[*1]	Indianapolis	T. Horwitz	AF	742	6,937	41	13	2	3	8	80	
Indiana University Medical Center[*1]	Indianapolis	G. Garceau	ACF	1,105	12,225	14	10	2	6	8	150	
St. Vincent's Hospital[*]	Indianapolis	G. J. Garceau	AF	1,106	3,952	19	4	1	2	8	200	
University Hospitals[*1]	Iowa City	C. Larson	ACF	2,213	4,071	8	1	3	8	..	50	
University of Kansas Medical Center[*1]	Kansas City, Kans.	J. B. Weaver	ACF	636	3,364	11	8	1	3	..	100	
Kosair Crippled Children Hospital	Louisville	C. F. Wood	C	790	2,855	3	..	..	..	9	100	
Louisville General Hospital[*1]	Louisville	K. A. Fischer	AF	568	7,140	23	6	1	7	9	187	
Charity Hospital of Louisiana[*1]	New Orleans	...										
Independent Unit		G. C. Battalora	ACF	793	8,997	23	4	1	3	..	25	
Louisiana University		H. T. Simon	ACF	1,091	13,654	28	..	2	6	..	25	
Tulane University		G. A. Caldwell	ACF	1,236	15,008	38	5	2	6	10	25	
Ochsner Foundation Hospital[*1]	New Orleans	G. A. Caldwell	AF	295	5,562	1	1	2	4	56	125	
Touro Infirmary[*]	New Orleans	G. A. Caldwell	ACF	661	1,172	3	0	1	2	10	17.50	
Shreveport Charity Hospital[*1]	Shreveport, La.	T. M. Oxford	ACF	796	4,850	24	6	1	4	..	60	
Baltimore City Hospital[*1]	Baltimore	A. F. Voshell	AF	...	...	..	..	1	2	58	15	
Children's Hospital School	Baltimore	G. E. Bennett	C	645	737	2	..	2	3	46, 57	...	
James Lawrence Kernan Hospital for Crippled Children	Baltimore	A. F. Voshell	C	347	4,688	1	1	2	2	58	100	
Johns Hopkins Hospital[*]	Baltimore	R. W. Johnson, Jr.	AF	551	7,878	4	1	4	8	57	41.66	
University Hospital[*1]	Baltimore	A. F. Voshell	AF	245	5,093	3	..	1	1	58	...	
Boston City Hospital[*1]	Boston	R. Sullivan	AF	1,076	29,768	15	0	0	7	13, 66	110	
Children's Hospital[*]	Boston	W. T. Green	C	797	20,016	0	0	6	11	11	41.66	
Massachusetts General Hospital[*]	Boston	J. S. Barr	ACF	683	9,042	6	0	4	6	11	41.66	
Peter Bent Brigham Hospital[*]	Boston	W. T. Green	AF	...	...	..	..	1	1	11	41.66	
Massachusetts Hospital School[1]	Canton, Mass.	P. L. Norton	F	92	...	0	0	2	2	13	...	
Shriners Hospital for Crippled Children	Springfield, Mass.	C. H. Crego, Jr.	C	273	2,330	1	..	..	2	33	150	
Worcester City Hospital[*1]	Worcester, Mass.	J. W. O'Meara	ACF	904	...	29	8	2	2	..	100	
University Hospital[*1]	Ann Arbor, Mich.	C. E. Badgley	ACF	1,228	11,071	13	10	7	15	..	124	
Children's Hospital[1]	Detroit	F. J. Fischer	C	317	3,122	..	..	..	2	12	125	
City of Detroit Receiving Hospital[*1]	Detroit	A. G. Goetz	F	639	7,141	16	3	1	2	12	217	
Harper Hospital[*1]	Detroit	A. G. Goetz	A	632	1,107	2	2	2	2	12	230	

Numerical and other references will be found on page 462.

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Program Identification	Beginning Stipend (Month)
Henry Ford Hospital*[1]	Detroit	C. L. Mitchell	ACF	1,171	15,269	7	4	2	6	..	225
Blodgett Memorial Hospital*[1]	Grand Rapids, Mich.	J. T. Hodgen	ACF	273	3,452	0	0	1	2	..	200
Borgess Hospital*[1]	Kalamazoo, Mich.	H. Stryker	ACF	604	1,424	2	0	1	1	..	200
Shriners Hospital for Crippled Children [1]	Minneapolis	W. H. Cole	C	176	463	0	0	..	1	16	..
University of Minnesota Hospitals*[1]	Minneapolis	W. Cole	A	268	..	7	..	1	1	16	..
Mayo Foundation	Rochester, Minn.	R. K. Ghormley	ACF	..	..	..	..	5	14	..	135
Gillette State Hospital for Crippled Children	St. Paul, Minn.	C. C. Chatterton	C	2,341	7,660	3	2	..	4	16	125
University Hospitals	Columbia, Mo.	W. J. Stewart	C	374	1,887	..	..	..	2	7	95
Children's Mercy Hospital	Kansas City, Mo.	N. S. Pickard	C	275	2,981	..	..	2	2	18	85
Kansas City General Hospital, No 1*	Kansas City, Mo.	R. L. Diveley	AF	908	5,122	39	19	..	2	18	75
St. Luke's Hospital*	Kansas City, Mo.	R. L. Diveley	ACF	555	..	..	..	1	3	18	150
Barnes Hospital*	St. Louis	J. A. Key	ACF	1,068	4,813	7	3	1	5	..	25
St. Mary's Group of Hospitals*[1]	St. Louis	R. M. O'Brien	ACF	595	3,599	8	2	2	6	..	35
University of Nebraska Hospital*[1]	Omaha, Nebr.	W. H. Hamsa	ACF	178	698	7	5	1	3	..	125
Jersey City Hospital*[1]	Jersey City, N.J.	H. C. Benjamin	ACF	652	10,156	41	5	2	5	..	35
Monmouth Memorial Hospital*[1]	Long Branch, N.J.	N. S. Ransohoff	ACF	706	1,351	6	5	1	3	..	133
Carrie Tingley Hospital for Crippled Children [1]	Hot Springs, N.M.	W. L. Minear	C	405	3,280	2	2	..	2	17	85
Albany Hospital*[1]	Albany, N.Y.	J. W. Ghormley	AF	549	12,496	3	1	1	2	42	50
House of St. Giles the Cripple [1]	Brooklyn	M. Cleveland	C	177	10,849	..	..	..	2	26, 41	80
Kings County Hospital*[1]	Brooklyn	C. C. Vitale	ACF	462	9,014	5	1	1	3	..	..
Long Island College Hospital*[1]	Brooklyn	H. C. Fett	AF	576	3,049	3	..	2	3	39	25
St. Charles Hospital Orthopedic Clinic	Brooklyn	H. C. Fett	C	272	6,975	..	..	3	3	52, 39	100
Buffalo General Hospital*	Buffalo	F. N. Potts	AF	732	693	12	2	6	6	24	25
Children's Hospital [1]	Buffalo	F. N. Potts	C	365	1,218	..	..	..	3	24	50
Meadowbrook Hospital*	Hempstead, N.Y.	O. C. Hudson	F	961	..	50	25	1	2	38	135
Nassau Hospital*[1]	Mineola, N.Y.	O. C. Hudson	AF	1,725	..	13	1	1	2	38	110
Hospital for Joint Diseases*[1]	New York City	J. Buchman and E. B. Kaplan	ACF	2,965	30,284	16	4	4	12	..	40
Hospital for Special Surgery	New York City	P. D. Wilson	ACF	1,475	24,029	6	4	4	10	22	110
Mount Sinai Hospital*[1]	New York City	R. K. Lippmann	ACF	371	6,453	7	2	3	3	..	50
New York Polyclinic Medical School and Hospital*	New York City	..	FS	..	..	..	..	..	..	26	..
Presbyterian Hospital*	New York City	A. DeF. Smith	ACF	1,935	69,987	9	1	6	16	..	208
St. Luke's Hospital*[1]	New York City	M. Cleveland	ACF	750	5,794	7	4	1	3	41	60
St. Charles Hospital for Crippled Children	Port Jefferson, N.Y.	F. S. Child	C	623	5,496	5	1	..	..	38, 43	100
Rochester General Hospital*[1]	Rochester, N.Y.	H. B. Crawford	A	786	1,454	8	7	..	1	31	70
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N.Y.	R. P. Schwartz	ACF	919	4,787	..	..	2	6	31	41.66
Ellis Hospital* and Eastern New York Orthopedic Hospital School	Schenectady, N.Y.	..	AC	619	..	3	2	1	1	42	125
St. Vincent's Hospital*[1]	Staten Island, N.Y.	..	F	..	..	..	..	..	..	26	..
Sea View Hospital [1]	Staten Island, N.Y.	D. M. Bosworth	A	903	..	4	1	3	3	26	140
Rehabilitation Hospital [1]	West Haverstraw, N.Y.	J. C. McCauley, Jr.	AC	576	220	3	..	4	4	14	200
Charlotte Memorial Hospital*[1]	Charlotte, N.C.	H. Winkler	AF	1,332	1,660	14	7	1	3	48	100
Duke Hospital*[1]	Durham, N.C.	L. D. Baker	ACF	785	5,698	6	2	5	15	19	166
North Carolina Orthopedic Hospital	Gastonia, N.C.	..	C	..	..	..	..	..	..	19	..
Children's Hospital [1]	Akron, Ohio	P. C. Doran	C	482	2,322	4	3	1	2	15	200
City Hospital*[1]	Akron, Ohio	P. C. Doran	AF	1,498	1,157	16	4	3	7	15	140
Children's Hospital [1]	Cincinnati	J. A. Freiberg	C	351	1,176	..	..	1	1	17	..
Cincinnati General Hospital*[1]	Cincinnati	J. A. Freiberg	AF	190	5,861	1	0	2	5	17	..
Jewish Hospital*[1]	Cincinnati	J. A. Freiberg	A	809	333	8	4	1	1	17	75
Cleveland Clinic Hospital [1]	Cleveland	J. A. Dickson	ACF	769	14,118	7	2	2	16	..	..
University Hospitals*[1]	Cleveland	M. Harbin	ACF	758	3,155	4	..	1	2	..	..
Children's Hospital	Columbus, Ohio	E. H. Wilson	C	..	4,500	..	..	2	2	25	150
Mount Carmel Hospital*[1]	Columbus, Ohio	E. H. Wilson	AF	1,106	1,086	12	3	2	2	25	135
White Cross Hospital*[1]	Columbus, Ohio	J. D. Wilson	AF	1,067	..	9	6	1	3	25	100
Elyria Memorial Hospital [1]	Elyria, Ohio	C. H. Heyman	C	649	2,539	10	3	1	1	27	200
St. Vincent's Hospital*[1]	Toledo, Ohio	A. L. Bershon	ACF	849	..	11	1	..	2	..	125
Bone and Joint Hospital	Oklahoma City	E. D. McBride	AF	1,895	..	8	4	1	5	53	150
St. Anthony Hospital*	Oklahoma City	W. K. West	A	1,252	492	12	..	1	1	53	150
University Hospitals*[1]	Oklahoma City	D. H. O'Donoghue	ACF	1,215	8,128	8	1	6	6	53	50
Emanuel Hospital*[1]	Portland, Ore.	L. S. Lucas	AF	1,635	..	20	5	1	2	28	85
Shriners Hospital for Crippled Children	Portland, Ore.	L. S. Lucas	C	378	2,304	..	..	..	..	28	100
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	L. S. Lucas	AF	501	6,192	31	15	2	6	28	85
State Hospital for Crippled Children	Elizabethtown, Pa.	T. Outland	C	300	2,590	..	..	3	3	21, 56	210
Hamot Hospital[1, 79]	Erie, Pa.	C. W. Fortune	ACF	1,232	1,036	16	5	2	2	..	150
Children's Hospital of Philadelphia [1]	Philadelphia	J. T. Nicholson	C	161	2,718	2	2	..	2	23	..
Graduate Hospital of the Univ. of Pennsylvania*[1]	Philadelphia	J. Nicholson	A	162	1,463	..	..	1	1	23	..
Hospital of the University of Pennsylvania*[1]	Philadelphia	P. C. Colonna	ACF	828	5,519	1	..	..	7	20	..
Jefferson Medical College Hospital*	Philadelphia	A. P. De Palma	AF	758	4,924	7	1	4	4	21	..
Philadelphia General Hospital*[1]	Philadelphia	J. Nicholson	ACF	712	..	89	15	2	2	23	75
Shriners Hospital for Crippled Children [1]	Philadelphia	J. R. Moore	C	300	3,573	..	1	3	3	29	75
Temple University Hospital*[1]	Philadelphia	J. R. Moore	AF	1,129	3,620	9	2	..	5	29	..
Alleghany General Hospital*[1]	Pittsburgh	P. B. Steele	ACF	1,058	2,015	7	4	..	2	30	100
Children's Hospital	Pittsburgh	W. S. Markell	C	349	4,204	2	1	..	..	30, 44	..
Pittsburgh Medical Center [1, 76]	Pittsburgh	J. S. Donaldson	AF	350	2,240	..	..	..	..	30	41.66
St. Francis Hospital*	Pittsburgh	..	A	291	1,093	1	..	..	..	30	..
Robert Packer Hospital*[1]	Sayre, Pa.	D. R. Baker	ACF	738	5,242	8	6	..	3	..	150
Rhode Island Hospital*[1]	Providence, R.I.	H. McBasker	ACF	1,482	11,801	34	14	1	4	..	60
Roper Hospital*[1]	Charleston, S.C.	F. A. Hoshall	ACF	818	3,316	6	2	1	3	45	50
Greenville General Hospital*[1]	Greenville, S.C.	F. H. Stelling	AF	680	1,493	12	1	1	1	19	..
Shriners Hospital for Crippled Children	Greenville, S.C.	F. H. Stelling	C	339	2,566	..	..	2	2	19, 48	100
Campbell Clinic	Memphis, Tenn.	J. S. Speed	ACF	2,020	17,936	8	1	4	12	..	50
Baylor University Hospital*[1]	Dallas, Texas	E. L. Butte	A	1,333	612	6	1	1	2	32, 49	50
Parkland Hospital*[1]	Dallas, Texas	P. M. Girard	F	517	3,542	7	3	1	2	32	..
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	B. Carrell	C	600	4,820	..	..	1	3	32, 47	75
Hermann Hospital*[1]	Houston, Texas	E. T. Smith	ACF	1,223	786	4	1	1	4	..	50
Jefferson Davis Hospital*[1]	Houston, Texas	M. E. De Bakey	ACF	608	5,462	13	4	1	3	49	50
St. Mark's Hospital*[1]	Salt Lake City	P. A. Pemberton	C	884	229	2	..	..	1	34	100
Salt Lake County General Hospital*[1]	Salt Lake City	P. Pemberton	F	112	1,467	6	3	1	3	34	50
University of Virginia Hospital*[1]	Charlottesville, Va.	J. H. Allan	ACF	655	4,245	7	3	2	5	14	50
Crippled Children's Hospital [1]	Richmond, Va.	H. P. Mauck	C	317	..	..	..	..	2	35	100
Medical College of Virginia—Hospital Division*[1]	Richmond, Va.	H. P. Mauck	AF	1,325	4,208	27	12	..	..	35	46.50
Children's Hospital	Seattle, Wash.	J. F. Le Cocq	C	553	5,667	1	1	3	3	36	90
King County Hospital, Unit No. 1 (Harborview)*	Seattle, Wash.	R. Anderson and I. O. McLemore	AF	908	3,892	36	22	..	1	36	135
Providence Hospital*[1]	Seattle, Wash.	I. O. McLemore	A	711	282	2	1	..	..	36	110
Shriners Hospital for Crippled Children	Spokane, Wash.	N. R. Brown	C	145	956	..	..	..	1	54	..
State of Wisconsin General Hospital*[1]	Madison, Wis.	R. E. Burns	ACF	1,899	6,410	26	11	1	3	1	25
Columbia Hospital*	Milwaukee	H. C. Schumm	AF	761	8	4	3	3	3	37	75
Milwaukee Children's Hospital*	Milwaukee	A. C. Schmidt	C	352	2,249	..	..	2	2	37, 40	..
Shriners Hospital for Crippled Children	Honolulu, Hawaii	J. W. White	C	175	4,769	..	..	1	1	50	100

Numerical and other references will be found on page 462.

V 14
1951

15. ORTHOPEDIC SURGERY—Continued

The following services have been approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in adult orthopedics and fractures. Training in the basic sciences is given as an integral part of these services or as a separate course. Services collaborating in an integrated plan of training are designated by a program number, a list of which is found on page .

Residents completing their training in these hospitals are eligible for limited certification by the American Board of Orthopedic Surgery, not to include children's orthopedic surgery.

Hospitals, 37 Assistant Residencies and Residencies, 105

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Program Identification	Beginning Stipend (Month)
UNITED STATES ARMY											
Letterman Army Hospital*	San Francisco	E. A. Brav	AF	2,529	2,242	2	1	..	..	..	...
Fitzsimons Army Hospital*	Denver	H. S. McBurney	AF	1,721	5,066	..	..	..	3	..	...
Army Medical Center*27	Washington, D.C.	A. W. Spittler	AF	1,470	5,739	2	2	2	10	..	...
UNITED STATES NAVY											
U. S. Naval Hospital*	Oakland, Calif	H. A. Streit	AF	1,899	2,920	3	3	..	2	..	...
U. S. Naval Hospital*1	Bethesda, Md.	F. P. Kreuz	AF	1,170	3,175	..	..	2	4	..	...
U. S. Naval Hospital*1	Chelsea, Mass.	C. F. Morrison	AF	522	4,387	..	..	1	2	..	...
U. S. Naval Hospital*1	St. Albans, N.Y.	E. H. Osterloh	AF	873	..	..	..	..	..	..	...
U. S. Naval Hospital*	Philadelphia	H. E. Wiggins	AF	1,009	5,207	8	5	..	..	..	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital*1	Staten Island, N.Y.	F. J. Krueger	AF	1,556	7,179	1	1	2	5	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital*	Long Beach, Calif.	S. S. Mathews	AF	940	1,736	4	4	2	6	..	...
Veterans Admin. Hospital*	Los Angeles	R. Mazet, Jr.	AF	2,582	3,554	2	2	3	7	..	...
Veterans Admin. Hospital 1	Fort Logan, Colo.	M. E. Gibbons	AF	1,016	..	1	3	1	..	..	...
Veterans Admin. Hospital 1	Framingham, Mass.	H. H. Faxon	AF	583	1,597	1	1	1	3	..	...
Veterans Admin. Hospital 1	Jefferson Barracks, Mo.	F. Jostes	AF	1,428	...	4	2	2	6	..	...
Veterans Admin. Hospital	Lincoln, Nebr.	J. E. M. Thomson	AF	426	...	2	1	1	3	..	...
Veterans Admin. Hospital*1	McKinney, Texas	V. M. Bryant	AF	935	...	2	1	2	4	..	...
NONFEDERAL											
Lloyd No'and Hospital*	Fairfield, Ala.	C. H. Wilson	AF	535	9,995	1	..	1	3	..	225
White Memorial Hospital*	Los Angeles	G. M. Taylor	AF	518	5,091	5	..	2	3	..	120
San Diego County General Hospital*1	San Diego, Calif.	F. E. West	AF	381	3,505	30	3	1	2	..	125
St. Mary's Hospital*1	San Francisco	J. Loutzenheiser	AF	1,342	860	4	..	2	2	..	100
St. Luke's Hospital*1	Chicago	J. R. Norcross	AF	552	3,310	6	2	1	2	..	25
Methodist Hospital*1	Indianapolis	J. N. Garber	AF	1,723	...	28	11	2	6	..	260
Lahey Clinic	Boston	G. E. Haggart	A	781	8,920	3	1	3	5	66	125
Mississippi Baptist Hospital*	Jackson, Miss.	T. H. Blake	AF	1,158	897	13	..	2	2	..	275
Jewish Hospital*1	Brooklyn	J. Milgrim and M. T. Koven	AF	935	6,920	11	2	2	3	..	50
Methodist Hospital*1	Brooklyn	H. P. Lange, Sr.	AF	561	2,560	9	4	1	1	..	25
Edward J. Meyer Memorial Hospital*1	Buffalo	P. Blanco	AF	153	1,744	6	0	1	2	..	100
Queens General Hospital*1	Jamaica, N.Y.	F. C. Courten	AF	337	12,852	11	2	1	3	..	80
Flower and Fifth Avenue Hospital*1	New York City	M. J. Wilson	AF	235	2,291	..	..	..	..	67	...
Lenox Hill Hospital*	New York City	A. Wiesenthal and W. Galland	AF	504	1,765	10	2	1	1	..	50
Metropolitan Hospital*1	New York City	M. J. Wilson	AF	778	3,304	41	2	2	3	67	130
North Carolina Baptist Hospital*1	Winston-Salem, N.C.	R. A. Moore	AF	393	9,243	3	3	1	1	..	41.66
St. Luke's Hospital*1	Cleveland	W. H. McGaw	AF	1,247	2,466	15	4	1	3	..	100
Youngstown Hospital*	Youngstown, Ohio	R. R. Morrall	AF	1,086	1,554	33	16	1	1	..	75
Hahnemann Hospital*1	Philadelphia	E. O. Geckeler	AF	955	7,806	9	5	2	4	..	50
University of Texas Medical Branch Hospitals*1 John Sealy Hospital	Galveston, Tex.	G. W. N. Eggers	AF	539	6,132	5	4	1	3	..	75

The following services are approved by the Council and the American Board of Orthopedic Surgery as offering acceptable training in one or more but not all categories of orthopedic surgery. Hospitals included in this list are urged to develop a full three year program, either independently or in collaboration with other institutions in order to assure applicants for appointment of an opportunity for completing their training with progressively graded responsibility.

Hospitals, 37 Assistant Residencies and Residencies, 58

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Program Identification	Beginning Stipend (Month)
UNITED STATES NAVY											
U. S. Naval Hospital*	San Diego, Calif.	R. F. Legge	AF	1,590	3,147	3	3	2	2	..	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital 1	Des Moines, Ia.	J. C. Feuling	AF	457	1,038	..	..	..	1	..	...
Veterans Admin. Hospital	Dearborn, Mich.	H. E. Pedersen	A	674	1,471	5	2	1	1	..	...
NONFEDERAL											
Children's Hospital*1	Los Angeles	J. C. Wilson	C	632	5,522	..	..	..	2	..	150
Highland-Alameda County Hospital*1	Oakland, Calif.	L. Barnard	AF	726	4,973	65	3	..	2	..	145
St. Joseph's Hospital*	San Francisco	R. Soto-Hall	A	854	302	6	..	1	1	..	100
Santa Clara County Hospital*1	San Jose, Calif.	N. Ahnlund	AF	174	4,110	3	1	..	1	..	235
Sonoma County Hospital	Santa Rosa, Calif.		A			..	..	..	..	..	
Hope Haven Hospital 1	Jacksonville, Fla.	F. Fort	C	318	1,297	..	..	1	1	..	100
Jackson Memorial Hospital*1	Miami, Fla.	A. H. Weiland	ACF	1,690	4,748	24	11	1	3	..	60
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	J. H. Kite	C	307	3,670	..	..	1	1	..	150
Illinois Masonic Hospital*1	Chicago	W. Fisher and C. N. Pease	AF	794	5,264	16	2	1	1	..	50
Michael Reese Hospital*1	Chicago	P. Lewin	AC	840	3,247	6	5	1	3	..	25
St. Francis Hospital*1	Peoria, Ill.	H. E. Cooper	ACF	782	3,558	..	..	1	1	..	100
Iowa Methodist Hospital*1	Des Moines, Iowa	D. N. Gibson	AF	555	..	7	2	1	1	..	100
Mercy Hospital	Iowa City, Iowa	A. Steindler	A	728	3,113	3	2	2	2	..	75
Shriners Hospital for Crippled Children	Shreveport, La.	G. A. Caldwell	C	166	959	1	0	1	1	..	100

Numerical and other references will be found on page 462.

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Program Identification	Beginning Stipend (Month)
St. Louis City Hospital[#1]	St. Louis	E. Holscher and T. B. Horwitz	F	866	4,824	64	3	1	2	..	123.80
Shriners Hospital for Crippled Children	St. Louis	C. H. Crego, Jr.	C	273	2,330	1	..	..	2	..	100
Nebraska Orthopedic Hospital [1]	Lincoln, Nebr.	H. W. Orr	C	859	4,200	12	7	..	2	..	150
Hospital for Crippled Children	Newark, N.J.	H. H. Kessler and T. Nicola	AC	797	7,198	3	..	1	2	..	75
New Jersey Orthopaedic Hospital	Orange, N.J.	H. W. Smith	AC	821	18,341	3	1	1	2	80	90
Orange Memorial Hospital[#1]	Orange, N.J.	H. Briggs	F	436	619	15	3	1	1	80	100
Orthopaedic Hospital and Dispensary	Trenton, N.J.	R. B. Ernest	A	457	6,347	7	..	1	1	..	150
Binghamton City Hospital[#1]	Binghamton, N.Y.	A. Carpenter	AC	414	40	..	..	1	2	..	136.50
Millard Fillmore Hospital[#1]	Buffalo	P. Blanco	A	453	8	9	2	1	1	..	50
Bellevue Hospital, Div. IV-New York University[#1]	New York City	W. A. L. Thompson	AC	464	3,710	1	0	..	5	..	50
New York Hospital[#1]	New York City	F. L. Liebolt	AC	450	8,609	4	..	1	2	..	25
Mount Sinai Hospital[#1]	Cleveland	R. S. Reich	AF	1,400	2,633	4	0	1	1	..	100
Reading Hospital[#1]	Reading, Pa.	E. J. Morrissey	AF	681	901	19	9	1	1	..	125
Columbia Hospital[#1]	Columbia, S.C.	W. A. Boyd	AC	1,492	7,199	12	7	1	2	..	125
Baroness Erlanger Hospital[#1]	Chattanooga, Tenn.		AF	1,067	1,354	26	6	..	..	..	75
St. Joseph's Infirmary[#]	Houston, Texas	I. S. McReynolds	AF	394	1,641	1	1	1	1	..	150
Scott and White Memorial Hospital[#1]	Temple, Texas	H. B. Macey	AF	607	..	..	..	2	..	..	200
Charleston General Hospital[#1]	Charleston, W. Va.	G. Miyakawa	AF	763	6,035	12	5	1	2	..	125
St. Mary's Hospital[#]	Huntington, W. Va.	F. A. Scott	AF	1,122	709	7	2	1	1	78	100
Morris Memorial Hospital	Milton, W. Va.	F. A. Scott	C	571	23	18	7	..	2	78	150

PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	Veterans Admin. Hospital	Memphis
	Arkansas Children's Home and Hospital	Little Rock, Ark.
	State of Wisconsin General Hospital	Madison, Wis.
2.	Veterans Admin. Hospital	San Francisco
	Samuel Merritt Hospital	Oakland
	Children's Hospital	San Francisco
	Franklin Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	University of California Hospital	San Francisco
3.	Veterans Admin. Hospital	San Francisco
	San Francisco Hospital	San Francisco
	Stanford University Hospital	San Francisco
4.	Children's Hospital	Denver
	Colorado General Hospital	Denver
	Denver General Hospital	Denver
5.	Hartford Hospital	Hartford, Conn.
	Grace-New Haven Community Hospital New Haven Unit (University Service)	New Haven, Conn.
	Newington Home and Hospital for Crippled Children	Newington, Conn.
6.	Veterans Admin. Hospital	Chamblee, Ga.
	Emory University Hospital	Emory University, Ga.
7.	Alexian Brothers Hospital	Chicago
	Children's Memorial Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	St. Elizabeth Hospital	Chicago
	Wesley Memorial Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
	University Hospitals	Columbia, Mo.
	Carrie Tingley Hospital for Crippled Children	Hot Springs, N.M.
	American Legion Hospital For Crippled Children	St. Petersburg, Fla.
8.	Veterans Admin. Hospital	Indianapolis
	Indianapolis General Hospital	Indianapolis
	Indiana University Medical Center	Indianapolis
	St. Vincent's Hospital	Indianapolis
9.	Veterans Admin. Hospital	Louisville
	Kosair Crippled Children Hospital	Louisville
	Louisville General Hospital	Louisville
10.	Veterans Admin. Hospital	New Orleans
	Charity Hospital of Louisiana Tulane University Unit	New Orleans
	Touro Infirmary	New Orleans
11.	Children's Hospital	Boston
	Massachusetts General Hospital	Boston
	Peter Bent Brigham Hospital	Boston
12.	Children's Hospital	Detroit
	City of Detroit Receiving Hospital	Detroit
	Harper Hospital	Detroit
13.	Veterans Admin. Hospital	Boston
	Boston City Hospital	Boston
	Massachusetts Hospital School	Canton, Mass.
14.	Rehabilitation Hospital	West Haverstraw, N.Y.
	University of Virginia Hospital	Charlottesville, Va.
15.	Children's Hospital	Akron, Ohio
	City Hospital	Akron, Ohio
16.	Veterans Admin. Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	University of Minnesota Hospitals	Minneapolis
	Gillette State Hospital for Crippled Children	St. Paul, Minn.
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Jewish Hospital	Cincinnati
18.	Veterans Admin. Hospital	Wadsworth, Kans.
	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital No. 1	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
19.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Duke Hospital	Durham, N.C.
	North Carolina Orthopaedic Hospital	Gastonia, N.C.
	Greenville General Hospital	Greenville, S.C.
20.	Alfred I. du Pont Institute of the Nemours Foundation	Wilmington, Del.
	Hospital of the University of Pennsylvania	Philadelphia
21.	State Hospital for Crippled Children	Elizabethtown, Pa.
	Jefferson Medical College Hospital	Philadelphia
22.	Veterans Admin. Hospital	New York City
	Hospital for Special Surgery	New York City
23.	Children's Hospital	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Philadelphia General Hospital	Philadelphia
24.	Veterans Admin. Hospital	Buffalo
	Buffalo General Hospital	Buffalo
	Children's Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
	White Cross Hospital	Columbus, Ohio
26.	House of St. Giles the Cripple	Brooklyn
	New York Polyclinic Medical School and Hospital	New York City
	St. Vincent's Hospital	Staten Island, N.Y.
	Seaview Hospital	Staten Island, N.Y.
27.	Veterans Admin. Hospital	Cleveland
	Elyria Memorial Hospital	Elyria, Ohio
28.	Emanuel Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Portland, Ore.
	University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
29.	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
30.	Allegheny General Hospital	Pittsburgh
	Children's Hospital	Pittsburgh
	Presbyterian Hospital	Pittsburgh
	St. Francis Hospital	Pittsburgh
31.	Rochester General Hospital	Rochester, N.Y.
	Strong Memorial-Rochester Municipal Hospitals	Rochester, N.Y.
32.	Baylor University Hospital	Dallas, Texas
	Parkland Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
33.	West Suburban Hospital	Oak Park, Ill.
	Shriners Hospital for Crippled Children	Springfield, Mass.
34.	Veterans Admin. Hospital	Salt Lake City
	St. Mark's Hospital	Salt Lake City
	Salt Lake County General Hospital	Salt Lake City
35.	Veterans Admin. Hospital	Richmond, Va.
	Crippled Childrens Hospital	Richmond, Va.
	Medical College of Virginia-Hospital Division	Richmond, Va.
36.	Children's Orthopedic Hospital	Seattle
	King County Hospital, Unit No. 1 (Harborview)	Seattle
	Providence Hospital	Seattle
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
38.	Meadowbrook Hospital	Hempstead, N.Y.
	Nassau Hospital	Mineola, N.Y.
	St. Charles Hospital for Crippled Children	Port Jefferson, N.Y.

Numerical and other references will be found on page 462.

V 14
1951

PROGRAM IDENTIFICATION—Continued

Program Number	Hospital	Location
39.	Long Island College Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
40.	Veterans Admin. Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
41.	House of St. Giles the Cripple	Brooklyn
	St. Luke's Hospital	New York
42.	Albany Hospital	Albany, N.Y.
	Ellis Hospital and Eastern New York Orthopedic Hospital School	Schenectady, N.Y.
43.	Hospital of St. Raphael	New Haven, Conn.
	St. Charles Hospital for Crippled Children	Port Jefferson, N.Y.
44.	Veterans Admin. Hospital	Aspinwall, Pa.
	Children's Hospital	Pittsburgh
45.	Veterans Admin. Hospital	Columbia, S. C.
	Roper Hospital	Charleston, S.C.
46.	Veterans Admin. Hospital	Fort Howard, Md.
	Children's Hospital School	Baltimore
47.	Veterans Admin. Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
48.	Charlotte Memorial Hospital	Charlotte, N.C.
	Shriners Hospital for Crippled Children	Greenville, S.C.
49.	Veterans Admin. Hospital	Houston, Tex.
	Jefferson Davis Hospital	Houston, Tex.
	Baylor University Hospital	Dallas, Tex.
50.	Veterans Admin. Hospital	Hines, Ill.
	Shriners Hospital for Crippled Children	Chicago
	Shriners Hospital for Crippled Children	Honolulu, Hawaii
52.	Veterans Admin. Hospital	Brooklyn
	St. Charles Hospital Orthopedic Clinic	Brooklyn
53.	Veterans Admin. Hospital	Oklahoma City
	Bone and Joint Hospital	Oklahoma City
	St. Anthony Hospital	Oklahoma City
	University Hospitals	Oklahoma City
54.	Veterans Admin. Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Spokane, Wash.
56.	Ochsner Foundation Hospital	New Orleans
	State Hospital for Crippled Children	Elizabethtown, Pa
57.	Children's Hospital School	Baltimore
	Johns Hopkins Hospital	Baltimore
58.	Baltimore City Hospital	Baltimore
	James Lawrence Kernan Hospital for Crippled Children	Baltimore
	University Hospital	Baltimore
66.	Boston City Hospital	Boston
	Lahey Clinic	Boston
67.	Flower and Fifth Avenue Hospital	New York City
	Metropolitan Hospital	New York City
78.	St. Mary's Hospital	Huntington, W. Va.
	Morris Memorial Hospital	Milton, W. Va.
80.	New Jersey Orthopaedic Hospital	Orange, N.J.
	Orange Memorial Hospital	Orange, N.J.

16. OTOLARYNGOLOGY

The following services have been approved by the Council and the American Board of Otolaryngology. This approval is considered effective through July 1, 1952. Prior to that date, all services presently approved will be reviewed to determine whether or not approval will be continued and to determine also the number of years of training in individual hospitals for which approval will be granted.

A revised list of approved residencies in otolaryngology will appear in an issue of The Journal, the latter part of December. Physicians planning to apply for residency training in otolaryngology to begin on or after July 1, 1952 should consult this list in making application for appointment.

Hospitals, 137 Assistant Residencies and Residencies, 409

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residences Offered[5]	Total Residences Offered[5]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital*	San Francisco	W. A. Weller	1,949	3,967	..	..	...
Army Medical Center*[27]	Washington, D. C.	V. J. Erkenbeck	1,637	24,001	2	7	...
Brooke Army Medical Center*[28]	San Antonio, Texas	H. S. Murphey	1,148	8,956	..	..	...
UNITED STATES NAVY							
U. S. Naval Hospital*	Oakland, Calif.	B. N. Ahl	930	9,201	..	2	..
U. S. Naval Hospital*	San Diego, Calif.	L. E. Wible	854	8,668	2	2	..
U. S. Naval Hospital*[1]	Bethesda, Md.	A. J. Delaney	1,722	4,520	2	5	..
U. S. Naval Hospital*	Philadelphia	F. Harbert	1,096	28,573	..	..	..
VETERANS ADMINISTRATION							
Veterans Admin. Hospital*[1]	Long Beach, Calif.	S. Kaplan	508	1,830	1	3	..
Veterans Admin. Hospital*[1]	Los Angeles, Calif.	C. S. Mumma	972	2,015	1	3	..
Veterans Admin. Hospital	San Francisco	W. P. Work and L. F. Morrison	632	3,394	1	3	..
Veterans Admin. Hospital*[1]	Chamblee, Ga.	L. Brown	252	943	1	3	..
Veterans Admin. Hospital	Hines, Ill.	F. L. Lederer	1,724	...	..	7	..
Veterans Admin. Hospital[1]	Wadsworth, Kans.	N. E. Lacy	519	..	1	3	..
Veterans Admin. Hospital[1]	Louisville, Ky.	G. Uhde	724	2,753	1	2	..
Veterans Admin. Hospital	Boston (West Roxbury)	J. Trakas	243	778	..	..	..
Veterans Admin. Hospital[1]	Framingham, Mass.	E. H. Tomb	447	1,812	1	2	..
Veterans Admin. Hospital[1,32]	Minneapolis	H. Hanson	779	480	6	6	..
Veterans Admin. Hospital[1]	Jefferson Barracks, Mo.	R. Votaw	4,387	..	1	3	..
Veterans Admin. Hospital[1]	New York City	D. H. Jones	682	2,481	1	4	..
Veterans Admin. Hospital[1]	Cleveland	D. W. Shuster	495	2,075	1	3	..
Veterans Admin. Hospital	Portland, Ore.	G. L. Boyden	202	1,255	..	1	..
Veterans Admin. Hospital[1]	Aspinwall, Pa.	R. J. Caparosa	435	..	..	3	..
Veterans Admin. Hospital	Memphis, Tenn.	S. D. Maiden	1,054	1,607	2	2	..
Veterans Admin. Hospital[1]	Dallas, Texas	C. D. Winborn	281	..	1	2	..
Veterans Admin. Hospital*[1]	Houston, Texas	H. H. Harris	336	..	1	1	..
Veterans Admin. Hospital	Milwaukee	G. D. Straus	288	620	3	3	..
NONFEDERAL							
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	G. E. Fisher	884	6,202	..	1	50
Children's Hospital*[1]	Los Angeles	A. H. Miller	1,556	3,651	..	1	100
Eye and Ear Hospital of Los Angeles	Los Angeles	A. H. Miller	2,859	5,423	1	2	100
Los Angeles County Hospital*[1]	Los Angeles	J. M. Brown	2,965	17,506	4	4	165
White Memorial Hospital*	Los Angeles	B. N. Colver	1,010	7,901	1	2	120
San Diego County General Hospital*[1]	San Diego, Calif.	B. P. Cunningham	340	3,039	1	1	125
Children's Hospital*[1]	San Francisco	R. C. Martin	1,083	1,824	1	1	50
Stanford University Hospitals*[1]	San Francisco	R. C. McNaught	693	8,270	..	2	50
University of California Hospital*[1,32]	San Francisco	L. F. Morrison	576	8,681	..	2	75
University of Colorado Medical Center							
Colorado General Hospital*	Denver	H. L. Hickey	168	5,285	..	2	75
Denver General Hospital*[1]	Denver	H. L. Hickey	276	729	..	1	75
Grace-New Haven Community Hospital							
New Haven Unit (University Service)*[1]	New Haven, Conn.	J. A. Kirchner	689	4,945	1	3	40
Episcopal Eye, Ear, and Throat Hospital[1]	Washington, D. C.	D. B. Moffett	4,522	22,327	2	4	25
Gallinger Municipal Hospital*[1]	Washington, D. C.	S. Burtoff	786	4,733	1	2	100
Grady Memorial Hospital*[1]	Atlanta, Ga.	W. C. Warren	404	9,702	1	3	20

Numerical and other references will be found on page 462.

16. OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	First Year Residences Offered[4]	Total Residences Offered	Beginning Stipend (Month)
Cook County Hospital[*1]	Chicago	R. W. Kerwin	1,373	27,196	..	5	32
Illinois Eye and Ear Infirmary [†]	Chicago	F. L. Lederer	2,045	36,968	6	12	...
Mercy Hospital[*2]	Chicago	R. W. Kerwin	302	900	1	1	25
Presbyterian Hospital[*]	Chicago	S. A. Friedberg	761	3,287	1	2	25
Research and Educational Hospitals[*1]	Chicago	F. E. Lederer	586	12,293	1	2	55
St. Luke's Hospital[*1]	Chicago	W. Theobald	1,274	1,901	1	2	25
University of Chicago Clinics[*]	Chicago	J. R. Lindsay	417	8,961	..	3	25
Indianapolis General Hospital[*1]	Indianapolis	R. M. Dearmin	967	7,267	1	2	80
Indiana University Medical Center[*1]	Indianapolis	C. H. McCaskey	393	3,313	1	3	150
University Hospitals[*2]	Iowa City	D. M. Lierle	2,402	5,218	3	10	50
University of Kansas Medical Center[*1]	Kansas City, Kans.	G. O. Proud	632	3,436	1	2	100
Louisville General Hospital[*1]	Louisville	J. S. Bumgardner	366	5,663	..	2	50
Charity Hospital of Louisiana[*1]	New Orleans		2,437	23,619	1	3	25
Eye, Ear, Nose and Throat Hospital [†]	New Orleans	L. W. Alexander	4,107	30,858	9	16	...
Touro Infirmary[*1]	New Orleans	A. J. McComiskey	1,163	2,419	1	1	17
Baltimore Eye, Ear, and Throat Charity Hospital [†]	Baltimore	J. I. Kemler	2,709	7,538	1	3	10
Johns Hopkins Hospital[*]	Baltimore	S. J. Crowe	1,354	10,326	2	7	41.66
†South Baltimore General Hospital[*1]	Baltimore	S. L. Fox	687	1,497	1	2	125
University Hospital[*1]	Baltimore	E. L. Cooper	645	3,778	..	1	...
Beth Israel Hospital[*1]	Boston	G. B. Fred	685	2,807	1	1	41.66
Boston City Hospital[*1]	Boston	E. S. Monahan	3,655	18,513	3	6	90
Lahey Clinic	Boston	W. B. Hoover	671	10,718	..	4	125
Massachusetts Eye and Ear Infirmary	Boston	L. A. Schall	2,725	24,506	5	9	41.66
Massachusetts Memorial Hospitals[*]	Boston	L. F. Johnson	334	1,747	1	1	50
University Hospital[*1]	Ann Arbor, Mich.	A. C. Furstenberg	736	10,457	2	8	124
City of Detroit Receiving Hospital[*1]	Detroit		574	4,917	1	2	217
Harper Hospital[*1]	Detroit	W. Warren	3,353	2,721	1	3	205
Henry Ford Hospital[*1]	Detroit	J. L. Dix	1,049	17,701	1	4	225
University of Minnesota Hospitals[*1, 52, 61]	Minneapolis	L. R. Boies	390	...	3	3	...
Mayo Foundation	Rochester, Minn.	H. I. Lillie	...	...	2	6	135
Kansas City General Hospital No. 1[*]	Kansas City, Mo.	N. E. Lacy	582	4,394	1	1	75
Barnes Hospital[*53]	St. Louis	T. E. Walsh	3,260	12,906	..	8	...
Homer G. Phillips Hospital[*1]	St. Louis	H. M. Cutler	409	3,108	..	...	132
St. Louis City Hospital[*1]	St. Louis	R. E. Votaw	282	5,523	..	1	123.80
St. Mary's Group of Hospitals[*1]	St. Louis	B. J. McMahon	761	5,081	1	3	35
Jersey City Hospital[*1]	Jersey City, N. J.	M. G. Borrone	1,883	7,672	2	5	35
Newark City Hospital[*]	Newark, N. J.	H. B. Orton	562	3,120	1	2	100
Newark Eye and Ear Infirmary	Newark, N. J.		1,366	4,431	2	2	...
Albany Hospital[*]	Albany, N. Y.	B. M. Volk	657	1,290	1	2	50
Brooklyn Eye and Ear Hospital [†]	Brooklyn	J. P. Baker and G. R. O'Brian	7,430	50,177	..	6	...
Jewish Hospital[*1]	Brooklyn	C. Kaplan	194	2,629	1	2	65
Kings County Hospital[*1]	Brooklyn	E. A. Sunde	1,337	7,208	1	2	...
Long Island College Hospital[*1]	Brooklyn	C. R. Weeth	784	2,365	1	3	25
Buffalo General Hospital[*]	Buffalo	H. Bozer	729	2,043	3	3	25
Edward J. Meyer Memorial Hospital[*1]	Buffalo	M. L. Gerstner	173	2,483	1	3	100
Queens General Hospital[*1]	Jamaica, N. Y.	M. S. Bender	560	3,688	1	2	80
Bellevue Hospital, Div. III and IV, New York University[*1]	New York City	J. F. Daly	2,093	18,526	4	8	50
†Beth Israel Hospital[*1]	New York City	M. J. Som	613	3,229	1	1	50
Flower and Fifth Avenue Hospitals[*1]	New York City	J. A. W. Hetrick	101	3,389	2	2	...
Harlem Hospital[*1]	New York City	H. J. Burman	657	8,663	1	1	80
Lenox Hill Hospital[*]	New York City	G. F. Oberrender	1,481	3,433	..	1	50
Manhattan Eye, Ear, and Throat Hospital	New York City	M. F. Jones	8,524	55,733	..	8	...
Metropolitan Hospital[*1]	New York City	J. A. W. Hetrick	537	6,078	1	2	80
Mount Sinai Hospital[*1]	New York City	R. Kramer	749	8,963	2	2	50
New York City Hospital[*1]	New York City	O. C. Risch	589	7,597	1	2	80
New York Eye and Ear Infirmary [†]	New York City	J. M. Smith	6,404	126,254	4	9	...
New York Hospital[*]	New York City	J. Moore	1,956	13,480	2	4	25
New York Polyclinic Medical School and Hospital[*]	New York City	W. W. Morrison and R. Almour	533	6,613	2	4	75
Presbyterian Hospital[*1]	New York City	E. P. Fowler, Jr.	1,689	19,113	4	8	208
Roosevelt Hospital[*1]	New York City	R. C. Grove	686	...	3	3	...
St. Luke's Hospital[*1]	New York City	V. C. McCuaig	1,027	7,676	1	3	60
University Hospital[*]	New York City	J. F. Daly	863	4,467	1	3	80
Rochester General Hospital[*1]	Rochester, N. Y.	C. B. Hert	1,231	1,482	..	..	55
Strong Memorial-Rochester Municipal Hospita s[*1]	Rochester, N. Y.	C. A. Heatly	1,162	4,029	2	2	41.66
Sea View Hospital[*1]	Staten Island, N. Y.	J. Gilbert	2,816	...	2	2	140
State University Medical Center[*1, 59]	Syracuse, N. Y.	G. D. Hoople	1,104	268	..	1	125
Grasslands Hospital[*1]	Valhalla, N. Y.	J. R. Emery	228	2,193	1	2	125
Duke Hospital[*1]	Dur am, N. C.	W. W. Eagle	563	2,861	..	..	...
North Carolina Baptist Hospital[*1]	Winston-Salem, N. C.	A. H. Aycrigg	604	2,275	2	3	41.66
Cincinnati General Hospital[*1]	Cincinnati	H. Goodyear	683	6,200	1	2	...
City Hospital[*1]	Cleveland	C. W. Engler	168	4,831	..	2	77
Cleveland Clinic Hospital [†]	Cleveland	H. E. Harris	800	14,365	2	12	...
St. Luke's Hospital[*1]	Cleveland	T. W. Thoburn	2,573	1,382	1	2	125
University Hospitals[*1]	Cleveland	C. C. R. Jackson	1,981	4,064	1	2	...
Ohio State University Hospital[*1]	Columbus, Ohio	H. C. Beatty	329	2,630	..	2	50
University Hospitals[*]	Oklahoma City	L. C. McHenry	269	1,998	1	1	50
University of Oregon Medical School Hospitals and Clinics[*1]	Portland, Ore.	G. L. Boyden	696	5,335	1	2	85
George F. Geisinger Memorial Hospital[*1]	Danville, Pa.	F. W. Davidson	1,080	9,284	1	3	100
Graduate Hospital of the University of Pennsylvania[*1]	Philadelphia	E. H. Campbell	1,406	3,308	2	4	...
Hospital of the University of Pennsylvania[*1]	Philadelphia	H. P. Schenck	1,857	6,083	..	6	...
Jefferson Medical College Hospital[*]	Philadelphia	L. H. Clerf	2,133	12,098	3	3	...
Pennsylvania Hospital[*]	Philadelphia	E. H. Campbell	630	3,370	1	1	20
Temple University Hospital[*1]	Philadelphia	M. S. Ersner	1,758	2,640	..	1	...
Mercy Hospital[*1]	Pittsburgh	W. L. Allison	1,520	2,684	..	..	100
Pittsburgh Medical Center[76]	Pittsburgh	T. B. McCollough	4,892	5,664	2	4	41.66
Robert Packer Hospital[*1]	Sayre, Pa.	H. D. Rentschler	1,109	10,691	..	..	150
Knoxville General Hospital[*]	Knoxville, Tenn.	H. E. Christenberry	263	782	..	..	95
†John Gaston Hospital[*]	Memphis, Tenn.	C. D. Blassingame	683	6,280	1	2	50
University of Texas Medical Branch Hospitals[*1] John Sealy Hospital	Galveston, Texas	J. M. Robison	359	6,612	1	3	50
Jefferson Davis Hospital[*]	Houston, Texas	H. Harris	326	11,014	1	2	50
University of Virginia Hospital[*1]	Charlottesville, Va.	F. D. Woodward	1,109	5,615	1	3	50
Medical College of Virginia—Hospital Division[*1]	Richmond, Va.	P. N. Pastore	921	3,849	..	..	46.50
Gill Memorial Eye, Ear, and Throat Hospital	Roanoke, Va.	E. G. Gill	1,831	20,271	2	5	150
State of Wisconsin General Hospital[*1]	Madison, Wis.	W. Nesbit	593		1	3	25
Milwaukee County Hospital[*1]	Milwaukee, Wis.	G. D. Straus	597	2,920	..	1	50

Numerical and other references will be found on page 462.

V 14
1951

17. PATHOLOGY

The following services are approved by the Council and the American Board of Pathology. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: pathologic anatomy only—a; clinical pathology only—c; pathologic anatomy and clinical pathology—p. Training in hospitals which are not so designated in this list will be evaluated by the Board on an individual basis (at the time of application for certification).

Hospitals, 439 Assistant Residencies and Residencies, 1190

Name of Hospital	Location	Chief of Service	Total Number of Laboratory Examinations	Surgical Specimens	Number Examined Microscopically	Number of Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Year)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital*	San Francisco, Calif.	K. F. Ernst	407,901	5,679	5,639	207	..	..	4p	...
Fitzsimons Army Hospital*	Denver, Colo.	C. J. Farinacci	500,921	4,224	4,224	219	2	6	4p	...
Army Institute of Pathology	Washington, D.C.			30,682	42,213	1,153	..	..	1a	...
Army Medical Center*[27]	Washington, D.C.	D. M. Kuhns	671,306	6,909	6,813	251	2	6	4p	...
Brooke Army Medical Center*[28]	San Antonio, Tex.	C. J. Lind	868,699	7,500	7,500	337	..	..	4p	...
Gorgas Hospital*	Ancon, C.Z.	M. W. Elton	163,735	3,652	3,652	400	1	3	3	...
UNITED STATES NAVY										
U. S. Naval Hospital*	Oakland, Calif.	J. L. Zundell	118,278	4,103	4,103	239	..	3	4p	...
U. S. Naval Hospital*	San Diego, Calif.	W. F. Pierce	340,016	4,047	2,643	325	3	3	4p	...
U. S. Naval Hospital*[1]	Bethesda, Md.	W. M. Silliphant	311,670	6,358	6,358	261	4	10	3	...
U. S. Naval Hospital*[1]	St. Albans, N.Y.	W. O. Umiker	181,598	2,203	...	168	..	..	4p	...
U. S. Naval Hospital*	Philadelphia, Pa.	R. H. Walker	240,003	2,798	2,798	303	..	..	3	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital*[1]	New Orleans, La.	L. L. Swan	112,539	2,110	1,981	84	1	2	2p	...
U. S. Public Health Service Hospital*[1]	Baltimore, Md.	C. H. Binford	177,231	5,138	5,138	139	1	3	4p	...
National Institute of Health	Bethesda, Md.	R. D. Lillie	6,192	2,227	2,227	221	1	1	1a	...
U. S. Public Health Service Hospital*[1]	Staten Island, N.Y.	L. H. Sophian	216,340	3,779	3,779	119	1	3	3p	...
U. S. Public Health Service Hospital*[1]	Seattle, Wash.	T. L. Perrin	87,277	2,681	2,125	125	1	2	2p	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital*[1]	Long Beach, Calif.	B. E. Konwaler	453,138	3,658	3,658	496	2	5	4p	...
Veterans Admin. Hospital*[1]	Los Angeles, Calif.	L. Kaplan	777,084	5,457	5,457	653	3	8	4p	...
Veterans Admin. Hospital	San Francisco	H. D. Moon and J. T. Crane	203,486	3,382	2,940	144	1	3	3p	...
Veterans Admin. Hospital	Fort Logan, Colo.	W. B. Coblin		1,060	...	...	2	2	1p	...
Veterans Admin. Hospital*	Newington, Conn.	R. Yesner	126,000	1,813	1,555	95	1	1	1p	...
Veterans Admin. Hospital[1]	Washington, D.C.	J. S. Howe	99,938	1,661	1,661	134	..	3	4p	...
Veterans Admin. Hospital	Coral Gables, Fla.	A. Blumberg		1,371	...	193	2	4	3p	...
Veterans Admin. Hospital*[1]	Chamblee, Ga.	C. M. Whorton	326,580	2,311	...	175	1	3	4p	...
Veterans Admin. Hospital	Hines, Ill.	W. L. McNamara	976,227	5,172	5,172	642	..	1	3	...
Veterans Admin. Hospital[1]	Indianapolis, Ind.	D. Rosenbaum	130,748	1,380	...	159	1	1	2p	...
Veterans Admin. Hospital	Des Moines, Ia.	K. R. Cross	143,710	2,140	2,140	165	..	3	3p	...
Veterans Admin. Hospital[1]	Wadsworth, Kans.	M. L. Jones	203,218	2,021	2,116	300	1	2	4p	...
Veterans Admin. Hospital[1]	Louisville	H. Gordon	232,274	3,510	3,501	174	2	4	3p	...
Veterans Admin. Hospital	New Orleans	J. Ziskind	19,803	2,339	2,339	136	1	3	3	...
Veterans Admin. Hospital[1]	Fort Howard, Md.	W. B. Van de Grift	84,535	833	818	126	1	2	2p	...
Veterans Admin. Hospital[1]	Boston, (West Roxbury)	J. D. Houghton	186,077	1,751	1,599	157	2	2	2p	...
Veterans Admin. Hospital[1]	Framingham, Mass.	R. Feinberg	179,956	2,739	2,717	153	2	3	3p	...
Veterans Admin. Hospital	Minneapolis	D. F. Gleason	293,791	5,026	4,729	268	6	6	4p	...
Veterans Admin. Hospital[1]	Jefferson Barracks, Mo.	F. Leidler	168,327	3,198	2,132	220	2	4	4p	...
Veterans Admin. Hospital	Brooklyn	M. Bovarnick		896	896	175	1	1	1p	...
Veterans Admin. Hospital[1]	New York City	B. S. Gordon	535,944	4,796	4,796	403	1	5	4p	...
Veterans Admin. Hospital[1]	Oteen, N.C.	O. Kanner	273,633			121	1	1	1p	...
Veterans Admin. Hospital[1]	Cleveland, Ohio	J. R. Kahn	211,269	3,995	3,906	219	2	5	4p	...
Veterans Admin. Hospital	Dayton, Ohio	C. Raven	268,339	2,030	1,975	279	1	2	3p	...
Veterans Admin. Hospital[1]	Aspinwall, Pa.	G. Brilmyer	300,737	1,835	1,825	210	..	2	4p	...
Veterans Admin. Hospital[1]	Memphis, Tenn.	D. J. Greiner	284,154	4,575	4,129	265	1	4	4p	...
Veterans Admin. Hospital*	Nashville, Tenn.	S. H. Auerbach	161,888	1,700	1,520	123	1	2	2p	...
Veterans Admin. Hospital[1]	Dallas, Tex.	L. Weiss	171,272	1,330	1,330	109	1	3	3p	...
Veterans Admin. Hospital[1]	Houston, Tex.	B. Halpert	168,796	1,958	1,728	228	1	3	4p	...
Veterans Admin. Hospital[1]	McKinney, Tex.	O. J. Wollenman, Jr.	165,747	1,728	1,728	153	2	3	2p	...
Veterans Admin. Hospital*	Salt Lake City, Utah	O. N. Rambo, Jr.	105,660	1,088	910	84	2	2	1p	...
Veterans Admin. Hospital[1]	Richmond, Va.	J. R. Kriz	178,708	2,296	2,175	135	1	2	2p	...
Veterans Admin. Hospital[1]	Milwaukee, Wis.	J. M. Lubitz	293,901	2,562	2,277	299	3	3	4p	...
NONFEDERAL										
Baptist Hospital[1]	Birmingham, Ala.	A. E. Casey	169,955	4,229	4,222	88	2	2	4p	150
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	R. D. Baker	211,193	4,863	4,863	402	1	3	4p	80
Lloyd Noland Hospital*	Fairfield, Ala.	B. F. Mann, Jr. and J. A. Cunningham	140,639	2,097	2,086	79	1	1	1p	225
University Hospital*[1]	Little Rock, Ark.	A. Nettleship	13,641	6,488	...	330	2	3	3	75
Kern General Hospital[1]	Bakersfield, Calif.	R. W. Huntington	196,193	3,814	3,396	469	..	2	4	340
Herrick Memorial Hospital*[1]	Berkeley, Calif.	H. Habback	84,237	3,245	1,995	177	1	2	2p	100
Glendale Sanitarium and Hospital*[1]	Glendale, Calif.	A. F. Brown	60,789	2,508	1,755	136	1	1	2p	181
Loma Linda Sanitarium and Hospital*[1]	Loma Linda, Calif.	C. S. Small	3,749	3,088	...	347	..	7	4p	132
California Hospital*[1]	Los Angeles	A. Wright	132,620	6,322	4,381	185	1	1	3p	200
Cedars of Lebanon Hospital*[1]	Los Angeles	N. Friedman	185,995	6,477	6,298	252	3	3	3p	75
Children's Hospital*[1]	Los Angeles	R. E. Knutti	109,129	685	610	177	2	2	1p	100
Hospital of the Good Samaritan*[1]	Los Angeles	L. J. Tragerman	127,144	5,582	3,412	148	1	2	1p	150
Los Angeles County Hospital*[1]	Los Angeles	E. M. Butt	559,088	14,251	10,674	1,959	4	4	3p	165
Queen of Angels Hospital*[1]	Los Angeles	A. R. Camero	141,155	5,464	4,583	307	1	3	3p	100
White Memorial Hospital*[1]	Los Angeles	O. B. Pratt	...	4,942	3,500	150	..	4	4p	120
Highland Alameda County Hospital*[1]	Oakland, Calif.	R. J. Parsons		3,138	2,784	274	1	3	3	145
Permanente Foundation Hospital*[1]	Oakland, Calif.	M. Friedman	166,666	5,714	4,021	201	..	2	3	175
Collis P. and Howard Huntington Memorial Hospital*	Pasadena, Calif.	A. G. Foord	88,187	7,030	6,485	291	..	3	3	240
San Bernardino County Charity Hospital*	San Bernardino, Calif.	J. D. Kirshbaum	93,724	2,572	1,091	234	1	1	4p	170
Mercy Hospital*[1]	San Diego, Calif.	D. A. DeSanto	71,132	6,072	5,695	128	1	3	1	150
San Diego County General Hospital*[1]	San Diego, Calif.	K. Fowler	143,311	1,076	864	268	1	3	4p	125
Franklin Hospital*[1]	San Francisco	J. L. Carr	4,581	4,581	2,291	107	2	2	2p	100
French Hospital*[1]	San Francisco	G. A. Watson	81,046	3,124	2,043	101	1	1	1	150
Mount Zion Hospital*[1]	San Francisco	G. R. Biskind	7,151	2,578	1,995	154	2	4	3p	75
St. Luke's Hospital*[1]	San Francisco	M. B. Black	54,943	4,413	2,700	91	1	2	2p	150
Stanford University Hospitals*[1]	San Francisco	A. J. Cox	72,009	2,828	2,828	157	1	2	3	50
University of California Hospital*[1]	San Francisco	J. F. Rinehart	...	4,464	4,464	199	..	2	1	75
Santa Clara County Hospital*[1]	San Jose, Calif.	D. J. Stump	121,578	1,749	1,749	308	1	2	3p	235

Numerical and other references will be found on page 462.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Number of Laboratory Examinations	Surgical Specimens	Number Examined Microscopically	Number of Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Year)	Beginning Stipend (Month)
Santa Barbara Cottage Hospital*[1]	Santa Barbara, Calif.	E. L. Benjamin	54,066	2,981	2,503	84	2	6	3	100
Glockner-Penrose Hospital*[1, 24]	Colorado Springs, Colo.	E. F. Geever	88,868	4,017	3,991	151	1	2	2p	125
Children's Hospital[1]	Denver	H. D. Palmer	105,834	1,953	1,938	114	..	1	3p	85
Presbyterian Hospital*[1]	Denver	A. E. Lubchenco	43,415	3,601	2,486	103	1	1	1*	65
St. Luke's Hospital*[1]	Denver	W. C. Black	81,482	6,896	5,009	147	..	1	3p	100
University of Colorado Medical Center										
Colorado General Hospital*[1]	Denver	J. B. McNaught	159,119	2,471	2,465	316	1	4	4p	95
Denver General Hospital*[1, 24]	Denver	E. H. Valentine	218,088	1,963	1,963	434	1	3	4p	75
Colorado State Hospital[1]	Pueblo, Colo.	M. Gallavan	86,038	680		217	2	4	1	275
Bridgeport Hospital*[1]	Bridgeport, Conn.	I. B. Akerson	96,241	2,574	2,574	136	1	1	3	100
Hartford Hospital*[1]	Hartford, Conn.	R. E. Kendall	157,446	9,824	9,159	623	1	3	3	50
St. Francis Hospital*	Hartford, Conn.	L. P. Hastings	155,857	5,357	4,407	191	2	4	3	75
Middlesex Hospital*	Middletown, Conn.	C. McLeod	78,999	2,565	2,165	136	1	1	1p	100
New Britain General Hospital*[1]	New Britain, Conn.	P. D. Rosahn	108,882	3,894	3,894	143	1	2	3	100
Grace-New Haven Community Hospital										
New Haven Unit (University Service)*[1]	New Haven, Conn.	H. S. N. Greene	5,200	5,200	4,940	272	2	4	3	40
Hospital of St. Raphael*[1]	New Haven, Conn.	R. R. Nesbit	437,353	3,235	2,679	76	1	2	2p	75
Norwalk Hospital*[1]	Norwalk, Conn.	R. N. Barnett	86,846	2,333	2,333	138	2	2	3p	155
Stamford Hospital*[1]	Stamford, Conn.	J. G. Snavely	156,062	2,685	2,347	158	2	2	3p	150
St. Mary's Hospital*[1]	Waterbury, Conn.	M. E. Cox	163,212	4,374	3,385	103	1	2	2p	150
Waterbury Hospital*[1]	Waterbury, Conn.	J. O. Collins	127,364	3,543	...	190	1	2	2p	100
Delaware Hospital*[1]	Wilmington, Del.	J. W. Howard	142,253	4,978	4,978	210	3	3	3	130
Memorial Hospital*[1]	Wilmington, Del.	J. W. Abbiss	64,576	1,900	..	154	2	2	2	125
Children's Hospital	Washington, D.C.	E. C. Rice	96,369	367	197	111	2	3	1	25
Doctors Hospital*[1]	Washington, D.C.	O. B. Hunter	119,051	5,675	5,165	144	1	1	1	100
Gallinger Municipal Hospital*[1]	Washington, D.C.	M. W. Alden	192,248	2,177	2,170	601	2	2	3	100
Garfield Memorial Hospital*[1]	Washington, D.C.	C. C. Rice	92,562	3,319	1,835	251	2	2	3	75
Georgetown University Hospital*[1]	Washington, D.C.	C. Geschickter	210,682	3,489	3,489	478	6	10	3	75
George Washington University Hospital*[1]	Washington, D.C.	T. M. Peery	213,079	5,219	5,019	227	2	4	3	130
Providence Hospital*[1]	Washington, D.C.	H. H. Leffler	131,735	3,383	3,132	193	1	1	3	75
Sibley Memorial Hospital*[1]	Washington, D.C.	O. B. Hunter	123,699	5,339	4,690	195	1	1	..	100
St. Vincent's Hospital*[1]	Jacksonville, Fla.	N. A. Hursch	62,380	4,171	4,100	100	1	1	1	125
Jackson Memorial Hospital*[1]	Miami, Fla.	P. R. Rezek	190,252	6,351	4,863	793	1	3	3	60
Crawford W. Long Memorial Hospital*[1]	Atlanta, Ga.	D. Ayer	132,481	5,450	5,405	192	2	4	4p	75
Grady Memorial Hospital*[1]	Atlanta, Ga.	W. H. Sheldon	7,302	6,710		592	4	10	3	20
University Hospital*[1]	Augusta, Ga.	E. E. Pund	127,091	5,286	3,998	167	1	1	3	40
Emory University Hospital*	Emory University, Ga.	A. Golden	91,571	3,584	3,584	167	2	2	3	50
Alexian Brothers Hospital*	Chicago	J. P. Simonds	60,228	722	722	120	1	1	1p	125
Augustana Hospital*	Chicago	G. Milles	65,444	3,243	2,748	177	2	4	4p	75
Children's Memorial Hospital[1]	Chicago	J. D. Boggs	63,612	408	408	99	..	1	1	79
City of Chicago Municipal Tuberculosis Sanitarium	Chicago	J. R. Thompson	75,399	1,344	726	87	..	..	1	125
Cook County Hospital*[1]	Chicago	H. Popper	371,967	9,325	8,005	1,371	..	5	4p	32
Englewood Hospital*[35]	Chicago	G. T. Rich	60,554	1,679	1,679	68	..	1	1p	150
Grant Hospital*[1]	Chicago	C. C. Mason	83,000	4,255	3,215	121	1	3	2p	150
Illinois Masonic Hospital*[1]	Chicago	L. S. King	70,300	2,306	2,245	180	2	4	3p	50
Mercy Hospital*[1]	Chicago	F. D. Stone	55,219	3,536	2,676	138	1	1	3	25
Michael Reese Hospital*[1]	Chicago	O. Saphir	429,411	5,625	5,625	402	2	8	4p	50
Mount Sinai Hospital*[1]	Chicago	I. Davidsohn	260,853	5,516	3,942	180	3	6	4p	50
Norwegian American Hospital*[1]	Chicago	A. Learner	72,126	2,256	1,699	89	1	1	1p	150
Northwestern University Medical Center Passavant Memorial Hospital*	Chicago	M. C. Wheelock and W. B. Wartman	67,411	2,500	2,500	110	1	4	3	..
Presbyterian Hospital*[1]	Chicago	G. M. Hass	197,383	5,362	5,362	230	2	4	3	50
Provident Hospital*[1]	Chicago	J. E. Bowman	55,203	1,762	1,762	87	1	1	1	50
Ravenswood Hospital*[1]	Chicago	H. I. Brown	78,836	2,297	2,297	195	1	2	2p	75
Research and Educational Hospitals*[1]	Chicago	G. A. Bennett	201,009	4,248	4,248	197	1	4	4p	55
St. Luke's Hospital*[1]	Chicago	E. F. Hirsch	300,815	7,561	6,900	338	1	4	3	25
St. Mary of Nazareth Hospital*	Chicago	E. Thurston	160,464	4,398	4,292	149	1	1	2*	100
University of Chicago Clinics*	Chicago	P. R. Cannon	349,746	4,955	4,658	224	3	3	3	25
Wesley Memorial Hospital*[1]	Chicago	T. C. Laipply	196,169	4,483	4,483	221	2	4	4p	25
Evanston Hospital*	Evanston, Ill.	H. G. Davis	137,214	2,733	2,708	260	1	3	3	50
St. Francis Hospital*	Evanston, Ill.	J. W. Henry	114,757	5,026	3,692	169	1	3	3	150
Methodist Hospital of Central Illinois*[1]	Peoria, Ill.	D. O. Marshardt	60,313	5,100	3,661	85	1	1	2p	150
St. Francis Hospital*[1]	Peoria, Ill.	J. E. Kraus	106,759	6,142	4,745	245	..	1	3	100
St. Anthony's Hospital*	Rockford, Ill.	A. K. K. Matthews	87,367	3,525	3,395	186	..	1	3p	200
St. Joseph Hospital[1]	Fort Wayne, Ind.	S. M. Rabson	66,612	3,615	3,027	119	2	2	2p	155
Indianapolis General Hospital*[1]	Indianapolis	W. Drake	130,288	2,469	2,403	287	1	3	3	100
Indiana University Medical Center*[1]	Indianapolis	F. Forry and G. L. Arbogast	215,913	4,303	4,303	378	2	6	3	166
Methodist Hospital*[1]	Indianapolis	H. M. Banks	329,255	10,635	8,547	236	2	6	4p	260
St. Elizabeth Hospital*[1]	La Fayette, Ind.	J. M. McFadden	101,278	2,671	2,466	94	1	3	3p	150
Ball Memorial Hospital*[1]	Muncie, Ind.	L. G. Montgomery	110,567	4,820	4,190	128	1	4	4p	150
Memorial Hospital*[1, 50]	South Bend, Ind.	A. S. Giordano	36,699	1,877	1,657	130	2	4	3	250
Iowa Methodist Hospital*[1]	Des Moines, Ia.	E. Hirsh	106,515	6,248	6,192	201	2	4	3	100
Mercy Hospital*[1]	Des Moines, Ia.	F. C. Coleman	96,571	2,624	2,624	152	1	3	3p	210
University Hospitals*[1]	Iowa City	E. D. Warner	8,357	7,966	7,966	389	1	3	3	120
University of Kansas Medical Center*[1]	Kansas City, Kans.	H. R. Wahl		7,219	6,089	640	1	4	3	100
St. Francis Hospital*[1]	Wichita, Kans.	W. P. Callahan, Jr.	125,765	8,390	7,318	251	2	6	3	..
Louisville General Hospital*[1]	Louisville, Ky.	A. J. Miller	116,797	2,773	2,435	412	2	3	3	45
Charity Hospital of Louisiana*[1]	New Orleans	E. Moss	687,302	14,983	14,983	1,395	3	12	4p	25
Hotel Dieu-Sisters Hospital*[1]	New Orleans	R. M. Hartwell	155,260	6,329	6,329	111	1	3	4p	100
Southern Baptist Hospital*[1]	New Orleans	E. H. Lawson	330,461	7,857	..	104	1	3	3p	125
Touro Infirmary*[1]	New Orleans	A. J. Hertzog	187,087	5,534	5,534	210	1	3	3	17
Shreveport Charity Hospital*[1]	Shreveport, La.	W. R. Mathews	175,012	4,710	4,710	370	..	1	1	60
Eastern Maine General Hospital*[1]	Bangor, Me.	R. Wadsworth	107,989	5,316	5,058	161	1	2	2p	50
Maine General Hospital*[1]	Portland, Me.	J. E. Porter	108,621	6,326	5,500	274	1	3	3	50
Baltimore City Hospitals*[1]	Baltimore	C. G. Warner	87,665	1,508	1,508	442	1	4	3	15
Johns Hopkins Hospital*	Baltimore	A. R. Rich	...	5,235	5,235	506	..	4	3	41.60
Sinai Hospital*[1]	Baltimore	T. Weinberg	182,442	4,950	4,950	153	2	4	4*	35
Union Memorial Hospital*[1]	Baltimore	W. C. Merkel	147,046	2,225	2,225	178	1	2	2p	40
University Hospital*[1]	Baltimore	H. R. Spencer	217,554	3,782	3,782	241	..	2	3*	..
Memorial Hospital	Cumberland, Md.	B. Skitarelic	100,159	2,944	2,944	121	1	2	2*	100
Beverly Hospital*	Beverly, Mass.	D. E. Brown	81,114	1,409	1,409	114	1	1	3	50
Beth Israel Hospital*[1]	Boston	M. J. Schlesinger	113,436	3,449	3,449	146	1	3	3	41.66
Boston City Hospital*[1]	Boston	F. Parker, Jr.	87,999	5,948	5,948	938	7	11	3	90
Boston Lying-In Hospital[56]	Boston	A. T. Hertig	8,275	1,904	1,904	76	1	2	1p	75
Carney Hospital*[1]	Boston	H. E. MacMahon	83,557	2,146	2,146	77	1	1	1p	100
Children's Hospital*	Boston	S. Farber	81,820	1,865	1,836	257	..	1	..	42
Massachusetts General Hospital*	Boston	T. B. Mallory	17,408	9,923	9,923	474	2	9	3	41.66
Massachusetts Memorial Hospital*	Boston	R. Osgood	142,835	2,485	2,475	123	1	3	3	50

Numerical and other references will be found on page 462.

V 14
1951

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Number Examinations	Surgical Specimens	Number Examined Microscopically	Number of Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Year)	Beginning Stipend (Month)
New England Deaconess Hospital[1]	Boston	S. Warren	164,705	7,777	7,777	249	6	6	3	125
Peter Bent Brigham Hospital*[1]	Boston	S. P. Hicks	2,543	2,289	2,289	254	3	1	3	83
St. Elizabeth's Hospital*	Boston	J. Graham	75,156	2,991	2,793	116	1	1	1	125
Cambridge City Hospital*[1]	Cambridge, Mass.	R. Z. Schulz	66,840	1,184	1,184	140	1	1	1	125
Mount Auburn Hospital*[1]	Cambridge, Mass.	H. E. MacMahon	92,862	2,619	2,619	132	1	1	1	125
Burbank Hospital*[1]	Fitchburg, Mass.	H. J. Sparling, Jr.	60,000	1,396	1,396	96	1	1	1p	200
Framingham Union Hospital	Framingham, Mass.	C. B. Tedeschi	40,773	2,762	2,210	35	..	1	1p	....
Holyoke Hospital*[19]	Holyoke, Mass.	J. S. Grewal	46,632	1,137	797	45	1	2	2p	100
Lawrence General Hospital*[1]	Lawrence, Mass.	L. S. Jolliffe	73,676	1,549	1,549	132	1	3	1*	100
Lynn Hospital*[1]	Lynn, Mass.	H. Olken	99,025	2,007	2,007	136	1	1	1*	....
Malden Hospital	Malden, Mass.	M. V. Mackenzie	64,268	2,142	2,142	77	1	1	2*	100
St. Luke's Hospital*	New Bedford, Mass.	V. Kiarsis	139,455	3,744	2,566	125	1	1	2p	200
Newton Wellesley Hospital*[1]	Newton Lower Falls, Mass.	D. Skinner	84,913	2,239	2,289	109	1	2	2p	100
Quincy City Hospital*	Quincy, Mass.	O. J. Pollak	105,753	2,131	2,131	141	3	3	2p	125
Salem Hospital*[1]	Salem, Mass.	D. A. Nickerson	94,776	1,855	1,855	128	2	4	3	85
Pondville Hospital	Walpole, Mass.	S. Warren	35,936	1,539	1,539	38	1	1	1	365
Memorial Hospital*[1]	Worcester, Mass.	R. C. Sniffen	50,357	2,201	2,096	95	1	1	1*	125
Worcester City Hospital*[1]	Worcester, Mass.	F. K. Fite	120,459	3,007	2,855	307	3	3	4p	100
Worcester State Hospital[1]	Worcester, Mass.	W. W. Jetter and A. E. Scheflen	629	14	14	80	..	..	3	....
University Hospital*[1]	Ann Arbor, Mich.	C. V. Weller	178,929	8,768	...	487	1	2	3	124
Leila Y. Post Montgomery Hospital*[1]	Battle Creek, Mich.	A. A. Humphrey	56,990	2,324	2,324	120	1	1	1	....
Wayne University Affiliated Hospitals										
Veterans Admin. Hospital	Dearborn, Mich.	J. L. Chason	251,879	3,284	3,284	253	..	3	2p	n
City of Detroit Receiving Hospital*[1]	Detroit	O. A. Brines	250,250	4,074	4,074	559	2	8	4p	217
Herman Kiefer Hospital*[1]	Detroit	P. C. Martineau	613,405	736	736	195	1	1	1	250
Detroit Memorial Hospital*	Detroit	....	....	....	....	....	..	..	3	....
Grace Hospital*	Detroit	C. I. Owen	211,876	15,934	15,934	332	1	1	3	225
Harper Hospital*[1]	Detroit	P. F. Morse	224,417	6,836	6,836	266	1	3	4p	205
Henry Ford Hospital*[1]	Detroit	F. W. Hartman	405,659	8,134	8,134	340	1	6	4p	225
Mount Carmel Hospital*[1]	Detroit	L. W. Gardner	....	6,541	....	158	..	3	4p	125
Providence Hospital*[1]	Detroit	D. H. Kaump	115,959	4,394	4,394	302	1	3	3	200
Woman's Hospital*[1]	Detroit	D. Beaver	....	....	....	....	1	1	1	180
Wayne County General Hospital and Infirmary*[1]	Eloise, Mich.	S. E. Gould	224,252	3,675	3,675	455	1	2	3	252.33
Hurley Hospital*	Flint, Mich.	G. R. Backus and R. J. Jermstad	....	9,384	3,871	....	1	1	4p	164
Blodgett Memorial Hospital*[1]	Grand Rapids, Mich.	C. A. Payne	85,748	2,576	....	148	1	1	2p	200
Butterworth Hospital*[1]	Grand Rapids, Mich.	P. A. VanPernis	115,496	6,249	5,045	208	1	4	4p	125
Edward W. Sparrow Hospital*[1]	Lansing, Mich.	C. E. Black	87,817	3,373	3,373	167	1	2	3p	325
Saginaw General Hospital*[1]	Saginaw, Mich.	R. V. Bucklin	75,846	4,721	2,334	140	1	1	2p	300
St. Mary's Hospital*[1]	Duluth, Minn.	W. V. Knoll	228,351	3,065	....	228	1	1	1	200
Minneapolis General Hospital*[1]	Minneapolis	J. I. Coe	344,069	2,079	1,826	260	1	1	3	125
Northwestern Hospital*[1]	Minneapolis	S. S. Lofsness	78,015	4,654	3,264	151	2	2	3	175
St. Barnabas Hospital*[1]	Minneapolis	N. E. Lufkin	86,416	2,954	2,432	151	1	2	2p	....
Swedish Hospital*[1]	Minneapolis	A. R. Jay	90,282	4,056	....	182	1	1	3p	158
University of Minnesota Hospitals*[1]	Minneapolis	....	....	5,234	....	347	..	..	4p	....
Mayo Foundation	Rochester, Minn.	....	....	....	....	....	6	18	3	135
Ancker Hospital*[1]	St. Paul	J. F. Noble	150,788	1,663	1,663	431	1	2	1	91.50
Charles T. Miller Hospital*[1]	St. Paul	K. Ikeda	116,883	4,235	3,973	112	..	1	3	115
St. Louis County Hospital*[1]	Clayton, Mo.	W. G. Brown	93,088	1,657	1,238	214	1	2	3	95
Kansas City General Hospital No. 1*	Kansas City, Mo.	V. B. Buhler	508,041	2,499	2,070	489	1	3	3p	75
Menorah Hospital Medical Center*	Kansas City, Mo.	....	74,627	2,593	1,675	111	..	..	1p	....
Research Hospital*[1]	Kansas City, Mo.	H. K. B. Alleback	165,166	4,790	4,645	149	1	2	3	150
St. Joseph Hospital*[1]	Kansas City, Mo.	R. W. Kerr	173,206	6,744	4,450	221	..	..	3	....
St. Luke's Hospital*[1]	Kansas City, Mo.	F. C. Helwig	106,825	9,358	7,893	201	1	3	4p	150
Barnes Hospital*[1]	St. Louis	G. Dammin	....	8,149	8,149	513	3	11	3	....
Homer G. Phillips Hospital*[1]	St. Louis	J. A. Saxton	172,130	2,012	1,870	188	1	2	1	132
Jewish Hospital*[1]	St. Louis	H. T. Blumenthal	218,449	2,831	2,831	146	..	1	4p	100
Missouri Baptist Hospital*[1]	St. Louis	R. R. Wood	116,702	6,987	3,370	98	..	..	2p	90
St. Louis City Hospital*[1]	St. Louis	....	227,653	3,945	....	467	2	3	3	123.80
St. Mary's Group of Hospitals*[1]	St. Louis	H. Pinkerton	580,062	8,076	5,782	270	1	3	3	35
Montana Deaconess Hospital*	Great Falls, Mont.	E. Hildebrand	59,664	....	....	....	..	2	2p	....
Lincoln General Hospital*[57]	Lincoln, Nebr.	F. H. Tanner	59,395	3,569	3,396	134	1	1	1	75
Creighton Memorial, St. Joseph's Hospital*[1]	Omaha	R. S. Russum	164,316	21,502	20,832	141	1	3	4p	100
Nebraska Methodist Hospital*[1]	Omaha	A. Schenken	50,913	4,360	4,360	101	1	1	4p	125
University of Nebraska Hospital*[1]	Omaha	J. P. Tollman	85,386	1,884	1,884	107	1	3	3	125
Mary Hitchcock Memorial Hospital*[1]	Hanover, N.H.	R. E. Miller	134,326	4,233	3,918	114	1	4	3	163
Elliot Hospital	Manchester, N.H.	S. M. Brooks	36,693	3,203	2,477	94	1	1	1*	200
Atlantic City Hospital*[1]	Atlantic City, N.J.	M. Jackson	49,552	2,360	2,360	188	1	1	3p	150
Cooper Hospital*[1]	Camden, N.J.	W. T. Read, Jr.	160,249	3,007	2,952	221	1	1	3	83.33
West Jersey Hospital*[1]	Camden, N.J.	W. R. Platt	141,326	2,106	2,106	176	1	3	4p	125
Jersey City Hospital*[1]	Jersey City, N.J.	A. Gnassi	322,144	5,853	5,853	365	2	3	1	35
Monmouth Memorial Hospital*[1]	Long Branch, N.J.	A. Yaguda	87,426	1,702	1,702	115	1	1	3p	200
Mountainside Hospital*[1]	Montclair, N.J.	J. L. Work	116,086	4,211	4,060	128	1	1	3p	100.74
Burlington County Hospital[1]	Mount Holly, N.J.	J. T. Bauer	22,507	869	869	86	1	1	1*	100
Hospital of St. Barnabas and For Women and Children*[1]	Newark, N.J.	W. G. Bernhard	77,608	2,844	2,114	87	1	2	2p	100
Newark Beth Israel Hospital*	Newark, N.J.	L. M. Goldman	76,632	5,140	4,581	178	1	2	3	50
Newark City Hospital*[1]	Newark, N.J.	H. S. Martland	195,503	1,416	....	353	1	2	3p	100
Presbyterian Hospital[1]	Newark, N.J.	S. A. Goldberg	95,848	4,659	4,553	152	2	2	1p	75
St. Michael's Hospital*	Newark, N.J.	S. J. Rose	119,874	3,952	3,952	173	2	2	2p	100
Orange Memorial Hospital*[1]	Orange, N.J.	A. R. Abel	88,188	4,923	2,644	184	1	1	2p	100
Passaic General Hospital*	Passaic, N.J.	J. R. Gannon	76,551	2,549	2,195	104	1	1	3p	120
Paterson General Hospital*	Paterson, N.J.	A. H. Davis	62,086	11,300	4,928	456	2	4	2p	100
Muhlenberg Hospital*[1]	Plainfield, N.J.	C. G. Darlington and H. Hanson	71,791	2,723	2,586	100	1	1	1p	200
Mercer Hospital*[1]	Trenton, N.J.	T. K. Rathmell	85,551	1,545	1,541	128	1	2	2p	150
Albany Hospital*[1]	Albany, N.Y.	A. W. Wright	8,829	7,007	7,007	363	..	4	3	50
Bender Hygienic Laboratory	Albany, N.Y.	J. J. Clemmer	318,393	10,320	10,320	244	2	4	3	200
Binghamton City Hospital*[1]	Binghamton, N.Y.	V. W. Bergstrom	140,198	3,489	3,473	201	1	2	3	136.50
Beth El Hospital*[1]	Brooklyn	P. Gruenwald	181,307	3,522	3,522	87	2	3	4p	100
Brooklyn Hospital*[1]	Brooklyn	J. A. DeVeer	34,194	3,997	3,997	102	1	3	3	25
Coney Island Hospital*[1]	Brooklyn	H. Fink	179,052	2,329	....	141	3	3	3p	90
Cumberland Hospital*[1]	Brooklyn	S. H. Polayes	119,286	2,720	....	200	2	3	4p	80
Greenpoint Hospital*[1]	Brooklyn	R. Arnoff	180,957	9,477	9,477	159	1	3	4p	140
Jewish Hospital*[1]	Brooklyn	D. M. Brayzel	288,922	6,433	5,302	215	3	6	3	50
Kings County Hospital*[1]	Brooklyn	C. G. Burn	586,391	12,116	12,116	1,092	5	5	3	....
Long Island College Hospital*[1]	Brooklyn	T. G. Morrione	145,639	3,196	....	134	2	3	3	25
Maimonides Hospital*[1]	Brooklyn	A. R. Kantrowitz	230,131	3,622	3,622	121	2	3	3	75
Methodist Hospital*[1]	Brooklyn	B. S. Herr, Jr.	105,078	3,484	3,484	150	1	1	3p	25

Numerical and other references will be found on page 462.

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Number of Laboratory Examinations	Surgical Specimens	Number Examined Microscopically	Number of Autopsies	First Year Residences Offered[8]	Total Residences Offered[8]	Length of Approved Program (Year)	Beginning Stipend (Month)
Norwegian Lutheran Deaconesses' Home and Hospital*	Brooklyn						..	..	1[p]	...
St. John's Episcopal Hospital*[1]	Brooklyn	R. Gettinger	1,747	1,531	1,531	48	..	..	1	...
Buffalo General Hospital*	Buffalo	K. L. Terplan	5,224	4,926	4,926	298	2	2	3	25
Deaconess Hospital*	Buffalo	S. Tannhauser	87,150	8,574	7,133	95	1	1	3[p]	...
Edward J. Meyer Memorial Hospital*[1]	Buffalo	S. Sanes	179,032	3,451	2,528	327	1	3	3	100
Millard Fillmore Hospital*[1]	Buffalo	A. V. Postoloff	246,878	5,784	5,784	307	1	3	3	50
Flushing Hospital and Dispensary*[1]	Flushing, N.Y.	J. Werne	80,672	2,742	2,632	127	1	1	3[p]	100
Meadowbrook Hospital	Hempstead, N.Y.	T. J. Curphey	134,135	1,892	1,892	440	4	4	1	135
Mary Immaculate Hospital*[1]	Jamaica, N.Y.	M. Bevilacqua	109,728	2,494	...	87	2	2	2[p]	110
Queens General Hospital*[1]	Jamaica, N.Y.	A. Angrist	561,437	3,911	3,751	700	5	7	3	80
Charles S. Wilson Memorial Hospital*[1]	Johnson City, N.Y.	A. Kosinski	175,626	3,530	3,530	159	1	3	4[p]	150
St. John's Long Island City Hospital*[1]	Long Island City, N.Y.	J. Werne	36,229	895	853	261	..	2	3*1[p]	50
Nassau Hospital*[1]	Mineola, N.Y.	F. A. Inda	58,807	3,806	3,266	93	1	1	2[p]	110
Mount Vernon Hospital*[1]	Mount Vernon, N.Y.	J. G. Sharnoff	85,650	3,485	3,485	128	1	2	1[p]	125
New Rochelle Hospital*	New Rochelle, N.Y.	W. C. Schraft	96,831	2,960	2,960	125	1	1	1[p]	125
Bellevue Hospital Div. IV-New York University*[1]	New York City	S. L. Wilens	1,143,230	6,838	6,838	668	2	4	4[p]	50
Beth Israel Hospital*[1]	New York City	W. Antopol	145,120	3,799	3,799	123	2	5	3	50
Bronx Hospital*[1]	New York City	J. Felsen	98,990	5,475	...	73	1	2	3	75
Doctor's Hospital[1]	New York City	J. R. Lisa	2,092	3,640	3,600	85	1	1	1[p]	200
Flower and Fifth Avenue Hospitals*[1]	New York City	J. D. Speer	145,949	5,113	4,549	139	3	3	3	...
Fordham Hospital*[1]	New York City	L. J. Millman	14,566	1,540	1,498	305	2	3	1	80
Goldwater Memorial Hospital*[1]	New York City	J. Rosenthal	138,901	2,689	705	167	2	3	3	80
Harlem Hospital*[1]	New York City	S. Weintraub	354,626	8,428	8,428	358	2	2	1	80
Hospital for Joint Diseases*[1]	New York City	H. L. Jaffe	87,820	2,681	38	38	2	2	1[p]	40
Jewish Memorial Hospital*[1]	New York City	A. Angrist	86,450	2,139	...	73	1	1	1	100
Lebanon Hospital*[1]	New York City	J. C. Ehrlich	83,580	3,285	3,285	95	2	2	2[p]	100
Lenox Hill Hospital*[1]	New York City	G. L. Rohdenburg	93,776	5,118	5,118	125	1	1	3	50
Lincoln Hospital*[1]	New York City	C. R. Brown	116,511	2,404	2,404	172	..	2	3	60
Memorial Hospital[1]	New York City	F. W. Stewart	107,224	19,252	19,252	212	..	14	2[p]	300
Metropolitan Hospital*[1]	New York City	A. Saccone	264,407	2,063	2,036	228	1	2	1	80
Montefiore Hospital for Chronic Diseases*[1]	New York City	H. M. Zimmerman	84,810	2,264	2,264	363	1	2	3	60
Morrisania City Hospital*[1]	New York City	W. Aronson	206,236	4,350	2,415	300	1	2	4[p]	80
Mount Sinai Hospital*[1]	New York City	P. Klemperer	268,150	8,171	8,171	322	7	7	3	50
New York City Hospital*[1]	New York City	J. R. Lisa	12,632	2,326	2,044	237	1	2	3	80
New York Hospital*[1]	New York City	J. G. Kidd	441,054	8,262	7,384	416	2	5	2	25
New York Polyclinic Hospital*[1]	New York City	S. A. Gladstone	56,544	3,874	3,874	93	1	2	2[p]	75
Presbyterian Hospital*[1]	New York City	H. P. Smith	...	7,964	7,936	415	2	2	3	225
Roosevelt Hospital*[1]	New York City	W. W. Brandes	162,038	3,425	3,425	150	2	2	1	...
St. Barnabas Hospital for Chronic Diseases[1, 58]	New York City	H. K. Russell	20,121	1,233	...	71	1	2	2[p]	100
St. Clare's Hospital*	New York City	J. M. Ravid	...	2,895	2,895	118	1	2	2[p]	25
St. Luke's Hospital*[1]	New York City	B. E. Clarke	164,936	3,380	3,380	230	1	3	4[p]	60
St. Vincent's Hospital*[1]	New York City	A. Rottino	93,685	3,564	3,564	332	1	2	1[p]	50
Sydenham Hospital*[1]	New York City	I. H. Feigin	95,158	1,673	1,673	52	1	1	1	140
University Hospital*[1]	New York City	M. N. Richter	25,671	5,991	5,905	89	1	4	3	80
Willard Parker Hospital[1]	New York City	V. B. Dolgopol	91,351	182	182	28	1	1	1	130
United Hospital*[1]	Port Chester, N.Y.	M. Loder	72,215	2,154	2,050	66	1	1	1[p]	150
Rochester General Hospital*[1]	Rochester, N.Y.	M. G. Bohrod	122,591	...	7,291	279	3	9	4[p]	55
St. Mary's Hospital*[1]	Rochester, N.Y.	J. Adler	134,272	3,945	3,534	227	2	6	1	125
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N.Y.	G. H. Whipple	...	4,452	4,452	678	4	6	3*	41.66
Ellis Hospital*[1]	Schenectady, N.Y.	E. Kellert	212,887	6,124	6,124	258	1	1	3	125
State University Medical Center[59]	Syracuse						..	..	3	...
Samaritan Hospital*[1]	Troy, N.Y.	A. H. Mercer	46,223	2,032	1,737	95	1	1	1	125
Grasslands Hospital*[1]	Valhalla, N.Y.	D. M. Spain	140,013	1,483	1,483	237	2	3	3	125
Charlotte Memorial Hospital*[1]	Charlotte, N.C.	P. Kimmelstiel	142,663	7,413	7,200	191	1	3	3	100
Duke Hospital*[1]	Durham, N.C.	W. D. Forbus	403,451	10,345	10,345	355	1	5	3	...
Watts Hospital*[1]	Durham, N.C.	J. U. Gunter	127,217	3,938	3,746	77	..	1	2	50
North Carolina Baptist Hospital*[1]	Winston-Salem, N.C.	R. P. Morehead	255,388	25,610	25,610	279	2	5	3	41.66
City Hospital*[1]	Akron, Ohio	L. Catron	203,200	5,989	5,989	223	1	3	3	140
Peoples Hospital*[1]	Akron, Ohio	R. R. Boechat	188,479	4,325	3,837	124	1	3	3[p]	100
Aultman Hospital*[1]	Canton, Ohio	D. G. Henderson	213,603	2,577	...	221	2	2	1	125
Bethesda Hospital*[1]	Cincinnati	D. G. Freiman	40,622	4,167	2,531	150	1	2	2[p]	150
Christ Hospital*	Cincinnati	J. W. Leighliter	150,601	3,769	3,682	148	1	1	1	125
Cincinnati General Hospital*[1]	Cincinnati	E. Gall	120,688	3,383	3,356	646	3	6	4[p]	...
Good Samaritan Hospital*[1]	Cincinnati	W. McK. Germain	142,087	8,643	7,779	207	1	3	3	155
Jewish Hospital*[1]	Cincinnati	P. Wasserman	154,142	4,910	4,583	199	1	1	4[p]	60
City Hospital*[1]	Cleveland	T. D. Kinney	275,344	2,700	2,700	507	6	9	3	67
Cleveland Clinic Hospital[1]	Cleveland	J. B. Hazard	442,968	5,408	5,403	178	1	6	4[p]	...
Mount Sinai Hospital*[1]	Cleveland	B. S. Kline	...	4,108	4,108	181	1	3	2	100
St. Luke's Hospital*[1]	Cleveland	R. Dominguez	199,436	4,875	4,600	185	1	4	4[p]	100
St. Vincent Charity Hospital*[1]	Cleveland	P. W. Graff	98,048	2,795	...	99	2	2	3	75
University Hospital*[1]	Cleveland	A. R. Moritz	323,409	...	2,427	393	2	6	3	...
Grant Hospital*[1]	Columbus, Ohio	H. Hershman	58,237	3,765	3,765	126	1	1	1	200
Ohio State University Hospital*[1]	Columbus, Ohio	E. Von Haam	207,496	6,396	6,396	280	2	4	4[p]	50
White Cross Hospital*[1]	Columbus, Ohio	R. S. Fidler	...	10,592	...	150	1	2	4[p]	100
Miami Valley Hospital*[1]	Dayton, Ohio	M. Oosting	210,119	9,264	9,264	324	1	3	4[p]	75
Huron Road Hospital*[1]	East Cleveland, Ohio	E. Goodsitt	251,379	4,377	4,377	144	1	1	4[p]	150
Mercy Hospital*	Hamilton, Ohio	K. E. Lande	82,813	1,139	1,139	102	1	1	1[p]	100
St. Rita's Hospital*[1]	Lima, Ohio	C. L. Blumstein	116,810	3,176	2,412	143	1	1	1[p]	100
Springfield City Hospital*[1]	Springfield, Ohio	M. P. Hunter	89,312	3,335	2,931	197	1	1	1*	225
Mercy Hospital*[1]	Toledo, Ohio	E. L. Burns	134,562	5,414	4,719	191	1	3	3	...
St. Vincent's Hospital*[1]	Toledo, Ohio	M. F. Videki	97,574	4,448	...	140	1	1	3[p]	125
Toledo Hospital*[1]	Toledo, Ohio	B. Steinberg	104,772	3,765	3,493	206	1	3	4[p]	125
Youngstown Hospital*[1]	Youngstown, Ohio	A. E. Rappoport	231,962	6,288	6,288	482	1	4	4[p]	125
University Hospitals*[1]	Oklahoma City	H. C. Hopps	186,848	3,196	3,052	186	5	5	3	50
Hillcrest Memorial Hospital*	Tulsa, Okla.	L. Lowbeer	61,933	4,109	2,899	123	1	1	1*	75
Emanuel Hospital*[1]	Portland, Ore.	H. H. Foskett	184,926	7,431	...	217	1	1	1	85
Good Samaritan Hospital*[1]	Portland, Ore.	W. L. Lehman	164,771	4,172	3,080	235	2	2	4[p]	145
Providence Hospital*[1]	Portland, Ore.	J. Minckler	62,584	4,349	3,368	215	1	2	2*	75
St. Vincent's Hospital*[1]	Portland, Ore.	F. R. Menne	180,052	6,844	6,484	179	1	1	4[p]	75
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	W. C. Hunter	208,206	3,602	3,602	844	2	8	3	85
Abington Memorial Hospital*[1]	Abington, Pa.	J. Eiman	199,620	3,595	3,544	188	2	3	4[p]	75
Allentown Hospital[1]	Allentown, Pa.	J. J. Wenner	191,381	3,235	3,133	259	1	1	3	100
Sacred Heart Hospital*[1]	Allentown, Pa.	D. E. Stader	123,812	4,923	4,923	127	1	1	1[p]	150
St. Luke's Hospital*[1]	Bethlehem, Pa.	T. A. Cope, Jr.	101,153	2,564	2,179	226	1	2	3[p]	100
Bryn Mawr Hospital*[1]	Bryn Mawr, Pa.	M. M. Strumia	218,378	4,060	3,768	182	1	2	4[p]	75
George F. Geisinger Memorial Hospital*[1]	Danville, Pa.	H. F. Hunt	94,352	2,830	2,740	109	1	1	1	100
Fitzgerald Mercy Hospital*	Darby, Pa.	A. Valdes Dapena	106,814	1,992	1,992	113	1	1	3[p]	100
Hamot Hospital*[1]	Erie, Pa.	E. L. Armstrong	138,443	4,554	4,554	141	4	4	4[p]	150
Lancaster General Hospital*[1]	Lancaster, Pa.		102,988	2,295	2,295	201	1	1	1[p]	...

Numerical and other references will be found on page 462.

V 1
195

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Total Number of Laboratory Examinations	Surgical Specimens	Number Examined Microscopically	Number of Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Year)	Beginning Stipend (Month)
St. Joseph's Hospital*	Lancaster, Pa.	E. E. Ziegler	95,139	4,354	...	129	1	2	2p	...
Episcopal Hospital*[1]	Philadelphia	W. P. Belk	125,912	1,854	...	132	1	1	3p	50
Frankford Hospital*[1]	Philadelphia	W. L. C. Spaeth	40,510	1,591	1,591	126	1	1	2a	200
Germantown Dispensary and Hospital*[1]	Philadelphia	F. B. Lynch, Jr.	100,012	2,351	1,810	146	1	3	4p	50
Graduate Hospital of the Univ. of Pennsylvania*[1]	Philadelphia	A. Valdes Dapena	792,008	2,834	2,834	121	3	3	3	...
Hahnemann Hospital*[1]	Philadelphia	J. E. Gregory	...	4,758	4,758	321	2	6	4p	50
Hospital of the University of Pennsylvania*[1]	Philadelphia	B. Lucke	407,783	7,753	7,753	444	4	12	3	...
Hospital of the Woman's Medical College of Pennsylvania*[1]	Philadelphia	M. A. Geiss	1,564	28	...	41	..	..	2p	...
Jefferson Medical College Hospital*	Philadelphia	C. J. Bucher	319,770	9,805	9,805	322	2	2	3	...
Jewish Hospital*[1]	Philadelphia	H. Brody	147,260	3,706	3,106	146	2	2	1	50
Lankenau Hospital*[1,16]	Philadelphia	C. E. Brown	149,424	2,792	...	137	..	..	4p	...
Mount Sinai Hospital*[1]	Philadelphia	D. R. Meranze	138,484	3,983	3,983	178	4	4	4p	50
Pennsylvania Hospital*	Philadelphia	...	302,205	4,901	...	206	5	5	4p	20
Philadelphia General Hospital*[1]	Philadelphia	J. H. Clark	463,970	4,805	4,493	1,325	3	6	3	75
Presbyterian Hospital*[1]	Philadelphia	R. P. Custer	129,772	2,938	2,938	190	..	..	4p	25
Temple University Hospital*[1]	Philadelphia	E. E. Aegerter	432,039	6,974	6,974	286	..	4	3	
Allegheny General Hospital*[1]	Pittsburgh	R. C. Grauer	129,339	3,311	3,311	110	..	1	3	100
Children's Hospital	Pittsburgh	M. L. Menten	89,835	427	413	105	1	3	1	41.66
Mercy Hospital*[1]	Pittsburgh	H. H. Permar	156,774	5,377	5,109	158	..	..	4p	100
Montefiore Hospital*[1]	Pittsburgh	K. Yardumian	85,430	3,640	3,000	150	2	2	3p	50
Presbyterian Hospital*[1]	Pittsburgh	E. L. Heller	...	2,748	2,281	102	..	..	3	41.66
St. Francis Hospital*[1]	Pittsburgh	...	156,339	2,421	2,305	127	..	..	3	...
Western Pennsylvania Hospital*[1]	Pittsburgh	A. Graham	153,859	3,738	3,738	124	1	1	3p	100
Reading Hospital*[1]	Reading, Pa.	W. P. Jennings	120,055	3,031	3,009	263	..	2	3	125
Robert Packer Hospital*[1]	Sayre, Pa.	...	177,744	2,703	...	192	..	2	3p	150
Scranton State Hospital*	Scranton, Pa.	E. P. Swartz	119,538	1,988	1,988	108	1	1	2p	272
Williamsport Hospital*[1]	Williamsport, Pa.	M. G. Colvin	116,919	4,021	3,148	146	1	2	3	100
York Hospital*[1]	York, Pa.	L. C. Pusch	94,521	2,171	2,171	135	1	1	3p	100
Rhode Island Hospital*[1]	Providence, R.I.	H. Fanger	186,539	9,255	9,255	488	2	5	3p	60
Roper Hospital*[1,25]	Charleston, S.C.	K. M. Lynch	120,818	4,317	3,577	253	2	6	3	150
Baroness Erlanger Hospital*[1]	Chattanooga, Tenn.	J. Adams	221,033	8,137	8,110	161	2	3	4p	75
Baptist Memorial Hospital*[1]	Memphis	M. L. Trumbull	99,005	8,523	7,973	230	..	1	2	75
John Gaston Hospital*	Memphis	...	99,603	4,135	...	820	..	4	4p	...
Methodist Hospital*[1]	Memphis	W. W. Tribby	164,937	5,962	5,932	94	2	3	4p	75
St. Joseph Hospital*[1]	Memphis	W. W. Hurteau	12,947	6,029	4,631	126	3	5	3a	...
George W. Hubbard Hospital of Meharry Medical College*[1]	Nashville	J. R. Cuff	2,312	2,312	2,312	127	..	..	2p	...
Nashville General Hospital*[1]	Nashville	W. A. DeMunbreun	10,728	1,476	1,386	104	1	3	3p	100
Vanderbilt University Hospital*	Nashville	E. W. Goodpasture	...	4,119	4,072	187	..	..	3	...
Brackenridge Hospital*[1]	Austin, Tex.	S. W. Bohls	71,338	1,912	1,546	79	..	..	2p	...
Baylor University Hospital*[1]	Dallas, Tex.	J. M. Hill	...	11,167	...	...	3	6	3	50
Parkland Hospital*[1]	Dallas, Tex.	E. E. Muirhead	269,497	2,899	...	242	1	3	3	...
St. Paul's Hospital*[1]	Dallas, Tex.	J. L. Goforth	131,048	4,596	3,891	106	2	5	4p	100
University of Texas Medical Branch Hospitals*[1] John Sealy Hospital	Galveston, Tex.	P. Brindley	162,574	4,961	4,573	347	2	9	3	75
Hermann Hospital*[1]	Houston, Tex.	V. H. Keiller	213,470	6,141	6,134	215	1	3	4	75
Jefferson Davis Hospital*	Houston, Tex.	S. A. Wallace	261,897	3,718	...	430	1	4	3	50
M. D. Anderson Hospital for Cancer Research[1]	Houston, Tex.	W. O. Russell	52,077	2,556	2,556	199	2	6	2p	150
St. Joseph's Infirmary*	Houston, Tex.	P. M. Marcuse	213,585	7,289	5,104	170	1	1	2a	150
Baptist Memorial Hospital*[1]	San Antonio, Tex.	...	145,586	5,233	4,807	153	..	..	2p	...
Santa Rosa Hospital*	San Antonio, Tex.	J. M. Moore	138,391	8,732	3,992	90	2	2	3	200
St. Benedict's Hospital*	Ogden, Utah	R. C. Ellis	...	1,494	1,390	55	1	1	1p	100
Dr. W. H. Groves Latter-Day Saints Hospital*[1]	Salt Lake City	J. H. Carlquist	85,175	5,652	3,369	138	1	1	1a	125
Holy Cross Hospital*[1]	Salt Lake City	C. McNeil	74,948	5,918	...	68	1	2	1p	75
Salt Lake County General Hospital*[1]	Salt Lake City	F. D. Gunn	...	1,605	1,573	218	..	2	3	50
Mary Fletcher Hospital*[1]	Burlington, Vt.	E. Woll	47,215	2,300	2,300	93	1	2	3	50
University of Virginia Hospital*[1]	Charlottesville, Va.	J. R. Cash and W. E. Bray, Sr.	151,931	15,131	15,131	297	2	6	3a	125
Memorial Hospital	Danville, Va.	T. J. Moran	...	2,465	...	...	2	2	2p	150
De Paul Hospital*	Norfolk, Va.	A. F. Strauss	114,955	6,254	4,916	214	1	3	3	...
Norfolk General Hospital*[1]	Norfolk, Va.	A. J. Rawson and E. O. Levy	137,928	5,373	...	167	1	3	3	125
Medical College of Virginia—Hospital Division*[1,32]	Richmond, Va.	F. Apperly	323,286	9,242	9,242	442	..	5	3	46.50
King County Hospital, Unit No. 1 (Harborview)*[1]	Seattle, Wash.	C. R. Jensen	180,528	2,466	3,292	588	..	1	3	100
Providence Hospital*[1]	Seattle, Wash.	D. G. Mason	113,378	5,004	3,254	196	1	1	1a	110
Swedish Hospital*[1]	Seattle, Wash.	P. Lund	152,908	5,866	...	189	1	1	1	100
Deaconess Hospital*[1]	Spokane, Wash.	T. E. Ludden	100,691	4,559	3,021	189	1	1	3	150
St. Luke's Hospital*[1]	Spokane, Wash.	O. O. Christianson	133,017	3,907	...	147	1	1	2p	125
St. Joseph's Hospital*	Tacoma, Wash.	...	...	4,684	4,677	135	1	1	2a	200
Tacoma General Hospital*	Tacoma, Wash.	C. P. Larson	...	6,802	6,450	318	2	5	3p	150
Charleston General Hospital*[1]	Charleston, W. Va.	W. Putschar	58,696	2,284	2,252	148	1	1	3	125
State of Wisconsin General Hospital*[1]	Madison, Wis.	D. M. Angevine and W. D. Stovall	293,588	4,464	4,314	257	1	4	3	25
Columbia Hospital*	Milwaukee	G. Ritchie	57,037	2,602	1,608	98	1	1	3	75
Milwaukee County Hospital*[1]	Milwaukee	J. F. Kuzma	219,133	3,404	3,237	628	1	4	4p	50
St. Joseph's Hospital*	Milwaukee	W. A. D. Anderson	69,051	3,840	2,845	181	1	4	4p	75
St. Mary's Hospital*	Milwaukee	S. B. Pessin	71,807	4,789	2,261	130	..	2	3p	100
Queen's Hospital*[1]	Honolulu, T.H.	S. Price	136,681	4,875	4,369	237	1	3	3	100

18. PEDIATRICS

The following services are approved by the Council and the American Board of Pediatrics.

Hospitals, 239 Assistant Residencies and Residencies, 1267

Name of Hospital **UNITED STATES ARMY**	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Letterman Army Hospital*	San Francisco, Calif.	C. L. Milburn	850	8,008	17	14	..	..	2	...
Fitzsimons Army Hospital*	Denver, Colo.	W. W. Currence	367	23,186	4	3	2	3	2	...
Army Medical Center*[27]	Washington, D.C.	O. C. Bruton	1,727	31,828	40	39	1	2	2	...
Brooke Army Medical Center*[28]	San Antonio, Tex.	L. J. Geppert	3,718	16,463	59	59	..	..	2	...

Numerical and other references will be found on page 462.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[5]	Total Residences Offered[5]	Length of Approved Program (Years)	Beginning Month)
UNITED STATES NAVY										
U. S. Naval Hospital*	Oakland, Calif.	M. Kurzrok	146	12,316	10	9	..	..	1	...
U. S. Naval Hospital*[1]	Bethesda, Md.	J. S. Winter	911	1,004	37	35	2	3	2	...
U. S. Naval Hospital*[1]	Chelsea, Mass.	D. W. Sherwood	490	7,628	38	30	2	3	2	...
U. S. Naval Hospital*	Philadelphia	J. F. Shaul	659	9,773	6	6	..	..	2	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital*[1]	Washington, D.C.	R. W. Scott	575	...	38	26	1	4	2	...
NONFEDERAL										
Carraway Methodist Hospital*[1]	Birmingham, Ala.	J. H. Ramsey	2,035	7,571	35	16	1	1	1	150
Children's Hospital [1]	Birmingham, Ala.	H. Kennedy, Jr.	2,226	9,262	62	41	2	3	2	50
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	B. Chenoweth, Jr.	2,270	7,259	66	50	1	3	2	50
Lloyd Noland Hospital*	Fairfield, Ala.	G. C. McCullough	922	19,331	18	9	1	4	1	225
City Hospital*	Mobile, Ala.	J. MacBell	1,028	2,053	43	27	1	1	1	175
University Hospital*[1]	Little Rock, Ark.	W. A. Reilly	2,354	4,185	114	57	2	5	2	75
Kern General Hospital	Bakersfield, Calif.	R. Cohen	4,857	11,759	121	109	2	3	2	350
San Joaquin General Hospital*[1]	French Camp, Calif.	W. T. Auld	1,119	7,185	26	23	1	1	1	220
General Hospital of Fresno County*[1]	Fresno, Calif.	C. S. Mitchell	1,233	6,121	85	34	3	3	1	206
Seaside Memorial Hospital*[1]	Long Beach, Calif.	H. M. VanDyke	1,679	11,365	33	10	1	1	1	150
California Babies and Children's Hospital [1]	Los Angeles	T. L. Birnberg	340	17,799	3	1	2	4	1	125
Children's Hospital*[1]	Los Angeles	E. S. Fish	2,122	37,564	124	111	8	23	2	40
Los Angeles County Hospital*[1]	Los Angeles	T. Goldman	11,689	11,922	423	296	11	11	2	165
Queen of Angels Hospital*[1]	Los Angeles	M. H. Jones	1,782	2,485	17	9	1	2	2	100
White Memorial Hospital*[1]	Los Angeles	M. B. Bros	1,455	15,647	13	10	2	3	2	120
Children's Hospital of the East Bay [1]	Oakland, Calif.	L. Luzzatti	7,078	35,165	64	53	5	10	2	150
Highland Alameda Hospital*[1]	Oakland, Calif.	A. L. Gleason	2,883	5,127	83	37	..	1	1	145
Permanente Foundation Hospital*[1]	Oakland, Calif.	A. King	686	30,778	18	12	..	4	1	175
San Diego County General Hospital*[1]	San Diego, Calif.	F. H. Fehlman	2,055	1,474	65	35	1	1	1	125
Children's Hospital*[1]	San Francisco	H. E. Thelander	819	4,787	16	11	1	4	2	50
Mount Zion Hospital*[1]	San Francisco	E. Wolff	1,384	1,057	26	21	1	1	1	75
St. Mary's Hospital*[1]	San Francisco	R. G. Flood	2,132	3,639	7	6	1	2	2	100
Stanford University Hospitals*[1, 25]	San Francisco	J. A. Anderson	447	13,006	31	30	2	6	2	50
University of California Hospital*[1, 25]	San Francisco	W. C. Deamer	1,624	15,159	51	41	..	4	2	75
Harbor General Hospital*[1]	Torrance, Calif.	A. J. Moss	1,786	891	56	36	2	4	2	165
Children's Hospital [1]	Denver	R. J. McDonald	3,951	5,138	88	83	6	10	2	50
University of Colorado Medical Center										
Colorado General Hospital*[1]	Denver	H. H. Gordon	1,643	12,325	101	86	5	9	2	75
Denver General Hospital*[1, 24]	Denver	J. Flett, Jr.	1,270	11,942	28	23	1	4	2	75
Hartford Hospital*[1]	Hartford, Conn.	J. B. Griggs	950	129	29	24	1	2	2	50
Grace-New Haven Community Hospital										
New Haven Unit (University Service)*[1]	New Haven, Conn.	G. Powers	465	11,419	62	42	6	11	2	40
Hospital of St. Raphael*[1]	New Haven, Conn.	W. McGuire	1,723	364	4	2	2	2	1	75
Waterbury Hospital*[1]	Waterbury, Conn.	J. H. Root	2,044	883	11	10	1	1	1	100
Delaware Hospital*[1]	Wilmington, Del.	C. E. Wagner	4,015	1,465	48	29	1	3	1	130
Children's Hospital [1]	Washington, D.C.	W. S. Anderson and E. B. Brooks	9,362	95,010	126	110	12	20	2	30
Gallinger Municipal Hospital*[1]	Washington, D.C.	L. Hoeck	991	12,710	30	16	5	10	2	100
Georgetown University Hospital*[1]	Washington, D.C.	F. Burke	1,033	1,973	10	10	1	2	1	50
Providence Hospital*[1]	Washington, D.C.	W. J. O'Donnell	1,599	768	4	4	1	1	1	75
Duval Medical Center*	Jacksonville, Fla.	L. W. Holloway	670	7,167	80	38	1	1	1	125
St. Vincent's Hospital*[1]	Jacksonville, Fla.	L. W. Holloway	2,128	...	15	7	1	1	1	125
Jackson Memorial Hospital*[1]	Miami, Fla.	W. A. Quillan	1,215	4,902	70	38	2	4	2	60
Crawford W. Long Memorial Hospital*[1]	Atlanta, Ga.	L. H. Muse	1,403	2,750	40	18	5	6	2	75
Grady Memorial Hospital*[1]	Atlanta, Ga.	R. W. Dickson	787	50,513	81	39	4	10	2	20
Henrietta Egleston Hospital for Children [1]	Atlanta, Ga.	M. H. Roberts	1,381	...	28	19	3	3	1	100
University Hospital*[1]	Augusta, Ga.	H. B. O'Rear	1,725	3,219	75	25	3	6	2	40
Children's Memorial Hospital [1]	Chicago	J. A. Bigler	2,762	46,722	90	83	12	16	2	75
Cook County Hospital*[1]	Chicago	A. Levinson	7,041	2,138	261	203	..	15	2	32
Mercy Hospital*[1]	Chicago	H. W. Elghammer	1,743	2,780	20	20	2	4	2	25
Michael Reese Hospital*[1]	Chicago	B. Kagan	6,400	22,127	171	141	4	11	2	25
Mount Sinai Hospital*[1]	Chicago	I. M. Levin	1,032	4,133	30	28	1	2	2	50
Presbyterian Hospital*[1]	Chicago	H. N. Sanford	1,414	8,453	61	52	1	2	2	25
Providence Hospital*[1]	Chicago	R. N. Jefferson	603	...	17	15	1	2	2	50
Research and Educational Hospitals*[1]	Chicago	H. G. Poncher	479	11,043	29	27	2	5	2	55
St. Joseph Hospital*[1]	Chicago	A. L. Hoyne	1,191	1,280	22	16	1	1	1	125
St. Luke's Hospital*[1]	Chicago	A. Biggs	1,277	7,248	14	14	1	2	2	25
University of Chicago Clinics*[1]	Chicago	F. H. Wright	1,037	20,557	41	32	7	16	2	...
Little Company of Mary Hospital*[1]	Evergreen Park, Ill.	E. G. Lawler	2,840	...	9	1	3	3	1	100
West Suburban Hospital*[1]	Oak Park, Ill.	C. D. Butler	2,146	1,305	15	8	2	2	1	150
St. Francis Hospital*[1]	Peoria, Ill.	H. R. Miller	1,203	1,334	55	28	1	1	1	100
Indianapolis General Hospital*[1]	Indianapolis	I. Rosenbaum	2,026	10,601	69	20	2	3	2	80
Indiana University Medical Center*[1]	Indianapolis	L. Meiks	1,453	6,208	105	119	3	6	2	150
St. Vincent's Hospital*[1]	Indianapolis	B. K. Rust	...	374	...	27	2	2	1	200
Iowa Methodist Hospital*	Des Moines, Ia.	L. F. Hill	3,967	9,745	85	56	4	8	2	100
University Hospitals*[1]	Iowa City	P. C. Jeans	1,830	3,201	78	57	3	4	2	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	H. Miller	1,135	...	67	56	3	6	2	100
St. Joseph Infirmary*[1]	Louisville	H. S. Andrews	1,936	414	43	21	1	2	2	150
University of Louisville Hospitals	Louisville	L. T. Davidson	2,651	14,587	98	50	6	14	2	45
Children's Hospital										
Louisville General Hospital*[1]										
Charity Hospital of Louisiana*[1]	New Orleans									
Independent Unit		W. C. Rivenbark	687	5,585	27	18	2	4	2	25
Louisiana State University		M. E. Wegman	1,190	8,713	44	54	4	8	2	25
Tulane University		R. V. Platou	1,556	7,700	65	41	4	8	2	25
Hotel Dieu-Sisters Hospital*[1]	New Orleans	A. Sullivan	1,985	701	12	6	1	2	1	100
Southern Baptist Hospital*[1]	New Orleans	J. E. Bailey	1,619	...	11	4	1	1	1	125
Touro Infirmary*[1]	New Orleans	S. Chapman	687	7,979	14	14	1	2	2	17
Shreveport Charity Hospital*[1]	Shreveport, La.	C. H. Webb	2,079	1,714	92	39	2	4	2	60
Central Maine General Hospital*[1]	Lewiston, Me.	H. C. Thacher	1,005	734	18	14	..	1	2	125
Baltimore City Hospitals*[1]	Baltimore	H. E. Harrison	1,190	14,316	89	64	2	5	2	15
Johns Hopkins Hospital*[1]	Baltimore	F. F. Schwentker	1,428	14,953	141	116	9	37	2	41.66
Mercy Hospital*[1]	Baltimore	F. B. Smith	656	2,360	10	7	1	2	1	75
Sinai Hospital*[1]	Baltimore	A. J. Schaffer	478	...	47	41	2	3	1	35
Union Memorial Hospital*[1]	Baltimore	W. C. Stifler, Jr.	581	2,073	12	10	2	3	1	40
University Hospital*[1]	Baltimore	J. E. Bradley	589	11,239	70	56	4	8	2	...
Boston City Hospital*[1]	Boston	M. J. English	4,682	13,873	128	29	..	2	2	110
Boston Floating Hospital	Boston	J. M. Baty	1,797	...	51	45	8	9	2	25
Children's Hospital*	Boston	C. Janeway	3,101	22,586	257	209	22	48	2	42
Massachusetts General Hospital*[1]	Boston	A. M. Butler	667	5,020	14	9	4	7	2	41.66
Worcester City Hospital*[1]	Worcester, Mass.	A. S. O'Connor	946	...	17	11	1	1	1	100
University Hospital*[1]	Ann Arbor, Mich.	J. Wilson	1,340	14,883	100	78	15	31	2	124

Numerical and other references will be found on page 462.

V 14
1951

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[5]	Length of Approved Program (Years)	Beginning Stipend (Month)
Children's Hospital [1]	Detroit	P. V. Woolley	3,601	52,924	..	..	10	21	2	100
Harper Hospital*[1]	Detroit	E. Martmer	1,956	1,228	39	23	1	2	1	205
Henry Ford Hospital*[1]	Detroit	J. A. Johnston	1,794	26,970	33	17	8	7	2	225
Providence Hospital*[1]	Detroit	L. P. Sonda	641	...	16	10	1	1	1	200
St. Mary's Hospital*[1]	Grand Rapids, Mich	J. C. Montgomery	3,688	64	66	22	1	1	1	125
Saginaw General Hospital*[1]	Saginaw, Mich	R. M. Kempton	1,660	1,994	15	13	..	2	1	300
Minneapolis General Hospital*[1]	Minneapolis	F. H. Adams	1,870	4,770	33	18	2	4	2	125
Northwestern Hospital*[1]	Minneapolis	E. S. Platou	1,544	...	17	13	1	1	1	175
St. Barnabas Hospital*[1]	Minneapolis	R. G. Gibbs	2,237	...	26	22	1	1	1	...
University of Minnesota Hospitals*[1]	Minneapolis	I. McQuarrie	1,710	...	91	80	8	16	2	...
Mayo Foundation	Rochester, Minn	R. L. J. Kennedy	...	...	..	..	6	18	2	135
Children's Mercy Hospital [1]	Kansas City, Mo	H. M. Gilkey	2,378	18,908	97	82	4	4	1	85
Kansas City General Hospital No. 1*[1]	Kansas City, Mo	E. H. Schorer	634	4,230	15	9	1	2	1	75
Homer G Phillips Hospital*[1]	St. Louis	P. J. White	4,452	9,274	121	10	..	2	2	132.80
Jewish Hospital*[1]	St. Louis	M. Deutsch	958	1,883	4	3	..	1	1	100
St. Louis Children's Hospital [1]	St. Louis	A. F. Hartmann	3,675	34,928	164	123	14	25	2	10
St. Louis City Hospital*[1]	St. Louis	D. Thurston and V. Peden	2,086	9,496	51	23	3	4	2	123.80
St. Mary's Group of Hospitals*[1]	St. Louis	P. G. Danis	1,719	13,539	47	32	4	12	2	35
Creighton Memorial St. Joseph's Hospital*[1, 61]	Omaha, Nebr	J. H. Murphy	755	5,130	21	15	1	2	2	100
University of Nebraska Hospital*[1, 61]	Omaha, Nebr	H. M. Jahr	336	2,491	14	13	3	5	2	125
Mary Hitchcock Memorial Hospital*[1]	Hanover, N.H.	C. C. Stewart	833	4,255	10	9	1	2	1	163
Cooper Hospital*[1]	Camden, N.J.	V. Del Duca	1,108	2,705	71	44	..	4	1	83.33
Jersey City Hospital*[1]	Jersey City, N.J.	C. P. De Fuccio	2,272	10,728	34	13	4	7	2	35
Babies Hospital-Coit Memorial [1]	Newark, N.J.	M. G. Gregory	3,063	4,635	24	19	2	4	1	50
St. Michael's Hospital*	Newark, N.J.	H. A. Murray	2,091	6,194	32	24	3	3	2	100
Albany Hospital*	Albany, N.Y.	E. S. Goodwin	549	2,230	19	14	1	3	2	50
St. Peter's Hospital*	Albany, N.Y.	H. F. Leahy	...	...	..	..	1	1	1	150
Beth El Hospital*[1]	Brooklyn	B. Schick	4,116	2,650	64	55	1	1	1	100
Brooklyn Hospital*[1]	Brooklyn	T. M. Lamb	389	6,652	11	4	1	1	1	25
Coney Island Hospital*[1]	Brooklyn	S. Nussbaum	1,781	7,484	42	30	1	2	2	90
Cumberland Hospital*[1]	Brooklyn	T. B. Givan	2,453	6,901	37	29	3	4	2	80
Greenpoint Hospital*[1]	Brooklyn	I. Schiff	374	4,268	15	14	2	3	1	140
Jewish Hospital*[1]	Brooklyn	B. Kramer	5,647	5,382	120	86	4	9	2	25
Kings County Hospital*[1]	Brooklyn	L. S. Mullin and L. Krahulik	2,560	7,034	125	70	2	4	2	...
Long Island College Hospital*[1]	Brooklyn	C. A. Weymuller	527	7,762	50	22	2	4	2	25
Maimonides Hospital*[1]	Brooklyn	J. Meisel and M. Palinsky	946	3,377	18	9	2	3	2	75
Methodist Hospital*[1]	Brooklyn	W. F. Watton, Sr	486	4,169	56	30	1	2	1	25
Norwegian Lutheran Deaconesses Home and Hospital*[1]	Brooklyn	J. A. Monfort	529	837	9	38	1	2	1	75
St. Catherine's Hospital*[1]	Brooklyn	J. P. Lombard	471	2,400	18	6	1	1	1	75
St. Mary's Hospital*[1]	Brooklyn	K. G. Jennings	414	1,228	16	10	1	2	1	80
Children's Hospital [1]	Buffalo, N.Y.	M. I. Rubin	1,952	17,740	145	109	17	18	2	25
Edward J. Meyer Memorial Hospital*[1]	Buffalo, N.Y.	F. J. Gustina	1,245	11,644	26	11	3	3	1	100
Mary Imogene Bassett Hospital*[1]	Cooperstown, N.Y.	T. C. Goodwin	206	5,507	2	2	1	1	1	83.33
Flushing Hospital and Dispensary*[1]	Flushing, N.Y.	H. T. Vogel	2,096	1,998	30	15	1	1	1	100
Mary Immaculate Hospital*[1]	Jamaica, N.Y.	A. A. Trivilino and V. G. Tosti	608	1,135	33	19	2	2	1	110
Queens General Hospital*[1]	Jamaica, N.Y.	H. A. Reisman	2,782	4,069	87	63	2	4	2	80
Bellevue Hospital Div. III-New York University*[1]	New York City	L. E. Holt, Jr.	3,000	2,500	100	60	17	23	2	50
Beth Israel Hospital*[1]	New York City	P. Cohen	259	2,781	14	10	2	2	1	50
Bronx Hospital*[1]	New York City	J. H. Lapin	559	4,160	13	6	1	2	2	75
Flower and Fifth Avenue Hospitals*[1]	New York City	L. Slobody	1,964	5,344	24	19	3	4	2	...
Fordham Hospital*[1]	New York City	J. Golomb	1,993	2,636	41	29	2	3	2	80
Gouverneur Hospital*[1]	New York City	A. G. DeSanctis	734	8,431	6	5	..	..	1	90
Harlem Hospital*[1]	New York City	M. Gleich	1,129	17,644	153	100	3	3	2	80
Lenox Hill Hospital*[1]	New York City	A. Anderson	550	3,785	13	8	1	1	2	50
Lincoln Hospital*[1]	New York City	H. S. Ittman	990	13,084	43	14	2	5	2	60
Metropolitan Hospital*[1]	New York City	L. B. Slobody	1,935	10,316	87	57	3	5	2	90
Morrisania City Hospital*[1]	New York City	L. H. Barenberg	592	4,855	22	13	1	3	2	80
Mount Sinai Hospital*[1]	New York City	H. L. Hodes	2,080	24,913	76	50	6	6	2	50
New York City Hospital*[1]	New York City	E. E. Amerman	3,089	7,943	35	31	1	3	2	80
New York Foundling Hospital [1]	New York City	A. J. Vignec	861	6,346	0	0	1	1	1/2	50
New York Hospital*[1]	New York City	S. Z. Levine	1,530	33,869	122	106	9	16	2	25
New York Infirmary*[1]	New York City	R. M. Bakwin	237	3,936	5	4	1	1	1	75
Presbyterian Hospital*[1, 62]	New York City	R. McIntosh	4,322	39,248	166	123	4	17	2	208
Roosevelt Hospital*[1]	New York City	A. T. Martin	307	...	3	2	..	2	1	...
†St. Clare's Hospital*[1]	New York City	C. H. O'Regan	2,272	6,546	12	6	2	3	1	25
St. Luke's Hospital*[1]	New York City	F. H. Wilke	1,027	7,895	16	10	2	4	2	60
St. Vincent's Hospital*[1]	New York City	A. J. Vignec	2,106	8,860	67	53	1	2	2	50
University Hospital*[1]	New York City	A. G. DeSanctis	675	10,153	23	15	3	5	2	80
Genesee Hospital*[1]	Rochester, N.Y.	J. Glaser	529	1,910	9	8	1	1	2	42.50
Rochester General Hospital*[1]	Rochester, N.Y.	F. W. Bush	2,692	2,349	12	12	1	2	1	55
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N.Y.	S. W. Clausen	1,436	8,526	69	60	3	7	2	41.66
St. Vincent's Hospital*	Staten Island, N.Y.	G. McCormick	3,066	972	29	12	1	1	1	125
Sea View Hospital [1]	Staten Island, N.Y.	B. Ratner	301	...	7	2	5	5	1	140
State University Medical Center [59]	Syracuse, N.Y.	T. C. Wyatt	7,712	5,930	258	190	..	18	2	125
Grasslands Hospital*[1]	Valhalla, N.Y.	F. D. Barnes	573	2,457	15	13	1	3	2	125
Charlotte Memorial Hospital*	Charlotte, N.C.	J. R. Adams	622	3,262	14	13	1	2	2	100
Duke Hospital*[1]	Durham, N.C.	W. C. Davison	1,040	15,104	82	54	6	13	2	...
Watts Hospital*[1]	Durham, N.C.	A. H. London	812	1,799	33	18	..	2	2	50
Sternberger Hospital for Women and Children [1]	Greensboro, N.C.	E. Benbow	1,813	302	22	8	..	1	1	145
Rex Hospital*[1]	Raleigh, N.C.	A. S. Root	819	1,593	23	5	1	1	1	150
Babies Hospital [1]	Wilmington, N.C.	J. B. Sidbury	1,779	7,500	18	11	1	2	1	100
James Walker Memorial Hospital*[1]	Wilmington, N.C.	J. C. Knox	3,471	3,045	53	14	1	1	1	150
City Memorial Hospital*[1]	Winston-Salem, N.C.	E. Conrad	2,654	2,011	36	8	1	1	1	150
North Carolina Baptist Hospital*[1]	Winston-Salem, N.C.	R. B. Lawson	2,367	7,887	78	44	3	5	2	41.66
Children's Hospital [1]	Akron, Ohio	N. Miller	2,641	1,585	80	55	4	5	2	200
Children's Hospital [1]	Cincinnati	A. A. Weech	2,834	11,253	..	..	9	19	2	45
Cincinnati General Hospital*[1]	Cincinnati	A. A. Weech	1,193	9,381	74	63	18	19	2	...
Good Samaritan Hospital*[1]	Cincinnati	E. A. Wagner	2,156	...	33	31	1	1	1	155
University Hospitals*[1]	Cleveland	S. Spector	3,018	21,609	172	..	3	12	2	...
Children's Hospital [1]	Columbus, Ohio	E. B. Baxter	5,391	9,868	..	..	4	9	2	100
Mercy Hospital*[1]	Toledo, Ohio	L. E. Payne	824	1,794	58	36	1	1	1	137.50
University Hospitals*[1]	Oklahoma City	C. H. Hall	861	7,981	94	43	4	4	2	50
Hillcrest Memorial Hospital*[1]	Tulsa, Okla	R. M. Wadsworth	1,964	...	36	17	1	1	2	75
St. John's Hospital*[1]	Tulsa, Okla	M. J. Searle	4,067	...	28	15	2	2	1	150
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore	A. J. Hill	838	7,310	53	50	2	4	2	85

Numerical and other references will be found on page 462.

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[#]	Total Residences Offered[#]	Length of Approved Program (Years)	Beginning Stipend (Month)
Abington Memorial Hospital[*†]	Abington, Pa.	T. S. Wilder	870	402	10	8	2	2	1	50
Children's Hospital [†]	Philadelphia	J. Stokes, Jr.	1,961	20,928	77	60	30	37	2	100
Children's Hospital of the Mary J. Drexel Home [†]	Philadelphia	E. P. Bacon and J. Lyon	219	4,712	5	4	2	2	1	63
Germantown Dispensary and Hospital[*†]	Philadelphia	P. S. Barba	3,568	1,993	20	14	1	1	1	50
Graduate Hospital of the University of Pennsylvania[*†]	Philadelphia	J. A. Ritter	562	1,092	19	15	2	2	1	...
Hahnemann Hospital[*†]	Philadelphia	C. C. Fischer	755	6,575	37	34	3	5	2	50
Hospital of the University of Pennsylvania[*†]	Philadelphia	J. Stokes, Jr.	672	5,470	12	12	6	6	2	...
Hospital of the Woman's Medical College of Pennsylvania[*†]	Philadelphia	E. P. Bacon	495	2,643	3	3	1	2	2	60
Jefferson Medical College Hospital[*]	Philadelphia	E. L. Bauer	669	13,225	42	29	2	2	2	...
Jewish Hospital[*†]	Philadelphia	H. Lowenburg and R. A. Schless	742	303	11	9	1	2	1	50
Mount Sinai Hospital[*†]	Philadelphia	I. P. Morris	327	2,792	6	6	1	1	1	50
Philadelphia General Hospital[*†]	Philadelphia	J. A. Jones	1,528	...	107	34	3	5	2	75
Temple University Hospitals									2	...
St. Christopher's Hospital for Children [63]	Philadelphia	W. E. Nelson	2,441	49,767	..	..	8	15	..	50
Temple University Hospital	Philadelphia	W. E. Nelson	130	8,642	2	2	..	15	..	...
St. Luke's and Children's Medical Center[*†]	Philadelphia	J. L. Redman	556	3,582	14	8	2	2	1	75
Allegheny General Hospital[*†]	Pittsburgh	T. O. Eltereb	465	2,173	22	13	2	2	1	100
Pittsburgh Medical Center [†-76]	Pittsburgh	E. R. McCluskey	3,096	22,723	128	90	7	16	2	41.66
Western Pennsylvania Hospital[*†]	Pittsburgh	H. C. Flood	614	1,314	0	0	1	1	1	100
Robert Packer Hospital[*†]	Sayre, Pa.		1,268	2,637	21	14	..	1	2	150
Charles V. Chapin Hospital [†]	Providence, R.I.	H. G. Calder	1,425	1,198	13	10	4	4	1	50
Rhode Island Hospital[*†]	Providence, R.I.	R. M. Lord	1,122	4,663	28	18	2	4	2	60
Roper Hospital[*†]	Charleston, S.C.	M. W. Beach	3,112	9,081	106	65	2	4	2	50
Columbia Hospital[*†]	Columbia, S.C.	H. W. Moore	2,183	5,753	46	24	1	2	2	125
T. C. Thompson Children's Hospital [†]	Chattanooga, Tenn.	W. E. Van Order	3,131	17,889	128	45	4	4	1	90
Knoxville General Hospital[*]	Knoxville, Tenn.	J. G. Ebbles	2,026	749	82	24	1	1	1	95
Baptist Memorial Hospital[*]	Memphis, Tenn.	C. V. Croswell	1,228	489	50	23	1	1	1	75
John Gaston Hospital[*]	Memphis, Tenn.	F. T. Mitchell	2,058	12,902	98	62	5	8	2	...
Methodist Hospital[*]	Memphis, Tenn.	W. D. Mims	1,425	648	43	16	1	1	2	75
St. Joseph Hospital[*†]	Memphis, Tenn.	H. J. Jacobson	1,441	743	26	12	2	3	2	150
George W. Hubbard Hospital of Meharry Medical College[*†]	Nashville	E. P. Crump	832	10,061	53	24	1	3	2	75
St. Thomas Hospital[*†]	Nashville	J. C. Overall	768		19	9	1	2	1	150
Vanderbilt University Hospital[*†]	Nashville	A. Christie	859	11,664	70	42	..	..	2	...
Children's Medical Center [†]	Dallas, Tex.	G. Forbes	3,321	31,678	72	51	6	13	2	50
St. Paul's Hospital	Dallas, Tex.	F. A. Norman		...	..	..	2	2	1	...
University of Texas Medical Branch Hospitals[*†]										
John Sealy Hospital	Galveston, Tex.	A. E. Hansen	1,867	8,915	83	63	4	11	2	50
Hermann Hospital[*†]	Houston	R. J. Blattner	710	8,044	47	29	3	9	2	75
Jefferson Davis Hospital[*]	Houston	R. J. Blattner	4,219	26,540	128	38	3	6	2	25
Santa Rosa Hospital[*]	San Antonio, Tex.	S. R. Kaliski	1,998	976	63	26	2	2	1	150
Salt Lake County General Hospital[*†]	Salt Lake City	J. Bosma	812	4,599	48	40	6	8	2	25
Mary Fletcher Hospital[*†]	Burlington, Vt.	R. J. McKay	322	81	8	5	1	1	1	50
University of Virginia Hospital[*†]	Charlottesville, Va.	W. W. Waddell	711	5,711	67	39	2	4	2	50
Medical College of Virginia—Hospital Division[*†]	Richmond	L. E. Sutton, Jr.	1,761	11,294	102	40	..	..	2	46.50
Children's Hospital [†]	Seattle, Wash.	J. I. Durand	2,985	19,743	64	52	3	3	2	110
King County Hospital Unit No. 1 (Harborview)[*†]	Seattle, Wash.	W. B. Seelye	1,204	2,221	37	27	1	1	2	100
State of Wisconsin General Hospital[*†]	Madison, Wis.	J. E. Gonce, Jr.	728	2,991	32	26	1	3	2	25
Milwaukee Children's Hospital[*†]	Milwaukee	F. R. Janney	5,183	29,064	95	72	9	18	2	75
Milwaukee County Hospital[*†]	Milwaukee	M. G. Peterman	3,746	3,832	46	32	1	2	2	50
Kaukeolani Children's Hospital [†]	Honolulu, T.H.	D. C. Marshall	2,167	4,420	56	28	2	5	2	150
Bayamon District Hospital[*†]	Bayamon, P.R.		1,438	302	154	38	1	1	1	250
San Juan City Hospital[*†]	San Juan, P.R.	A. Ortiz	1,663	67,324	177	45	2	5	2	150

19. PHYSICAL MEDICINE AND REHABILITATION

The following services are approved by the Council and the American Board of Physical Medicine and Rehabilitation. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 43 Assistant Residencies and Residencies, 87

Name of Hospital	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residences Offered[#]	Total Residences Offered[#]	Beginning Stipend (Month)
UNITED STATES ARMY							
Letterman Army Hospital[*]	San Francisco	A. E. White	3,330	74,961	..	..	...
Fitzsimons Army Hospital[*]	Denver	H. B. Luscombe	19,403	258,913	1	4	...
Army Medical Center[*27]	Washington, D.C.	J. H. Kuitert	6,755	263,456	3	5	...
VETERANS ADMINISTRATION							
Veterans Admin. Hospital[*†]	Long Beach, Calif.	R. H. Nyquist	10,922	195,816	1	2	...
Veterans Admin. Hospital [†]	Fort Logan, Colo.	F. J. Fricke	907	36,326	..	..	...
Veterans Admin. Hospital	Hines, Ill.	L. B. Newman	5,695	450,711	..	..	...
Veterans Admin. Hospital [†]	Wadsworth, Kans.	L. Blau	3,169	192,760	..	..	...
Veterans Admin. Hospital [†]	Framingham, Mass.	F. Freidland	7,000	210,000	1	3	...
Veterans Admin. Hospital [†]	Jefferson Barracks, Mo.	E. H. Weissenberg	2,215	77,491	1	1	...
Veterans Admin. Hospital [†]	New York City	A. S. Abramson	13,819	314,026	3	9	...
Veterans Admin. Hospital [†]	Cleveland	H. T. Zankel	6,414	81,929	1	1	...
Veterans Admin. Hospital	Portland, Ore.	E. W. Fowlks	4,954	110,420	1	1	...
Veterans Admin. Hospital [†]	Aspinwall, Pa.	S. Machover	2,516	106,131	..	1	...
Veterans Admin. Hospital[*†]	Houston, Tex.	B. L. Boynton	1,582	6,894	1	1	...

Numerical and other references will be found on page 462.

19. PHYSICAL MEDICINE AND REHABILITATION—Continued

Name of Hospital NONFEDERAL	Location	Chief of Service	Inpatients Treated	Number of Treatments	First Year Residences Offered[6]	Total Residences Offered[6]	Beginning Stipend (Month)
Los Angeles County Hospital*[1]	Los Angeles	E. Austin	...	91,836	...	1	165
White Memorial Hospital*	Los Angeles	F. B. Moor	195	...	1	1	120
University of Colorado Medical Center Colorado General Hospital*[1]	Denver	H. L. Dinken	2,580	45,876	1	3	75
State of Connecticut Veterans Home & Hospital	Rocky Hill, Conn.	...	...	...	3	3	...
Emory University Hospital*	Emory University, Ga.	R. L. Bennett	1,719	10,473	1	1	50
Georgia Warm Springs Foundation	Warm Springs, Ga.	R. L. Bennett	973	104,401	1	3	250
Cook County Hospital*[1]	Chicago	D. Kobak	7,501	37,516	...	...	...
Michael Reese Hospital*[1]	Chicago	C. O. Molander	2,254	19,589	1	1	25
Northwestern University Medical Center [89]	Chicago	...	13,590	40,962	...	...	...
Research and Educational Hospitals*[1]	Chicago	H. W. Kendell	5,688	11,769	1	3	55
University of Kansas Medical Center*[1]	Kansas City, Kans.	D. L. Rose	2,456	42,310	1	1	100
Massachusetts General Hospital*	Boston	A. L. Watkins	2,925	31,999	0	9	41.66
University Hospital*	Ann Arbor, Mich.	...	...	...	...	...	...
University of Minnesota Hospital*[1]	Minneapolis	M. Knapp	20,409	29,436	4	4	...
Mayo Foundation	Rochester, Minn.	F. H. Krusen	...	...	2	6	135
Barnes Hospital*	St. Louis	S. Mead	9,759	9,759	0	1	...
†Bellevue Hospital, Div. III, New York University*[1]	New York City	H. A. Rusk	4,058	116,705	...	7	80
Goldwater Memorial Hospital*	New York City	M. Dueso	733	50,706	1	2	80
Hospital for Joint Diseases*[1]	New York City	J. Weiss	...	94,631	1	1	40
Hospital for Special Surgery	New York City	K. G. Hansson	20,806	40,810	1	1	160
Mount Sinai Hospital*[1]	New York City	W. Bierman	11,942	36,970	1	1	50
New York City Hospital*[1]	New York City	F. K. Safford, Jr.	1,138	41,088	1	1	130
†Presbyterian Hospital*[1]	New York City	W. B. Snow	35,855	103,546	1	1	208
St. Luke's Hospital*[1]	New York City	R. Muller	900	98,954	1	1	60
†Rehabilitation Hospital	West Haverstraw, N.Y.	M. Hoberman	5,868	408,371	1	1	225
Cleveland Clinic Hospital †	Cleveland	S. G. Gamble	17,062	38,475	1	4	...
Hospital of the University of Pennsylvania*[1]	Philadelphia	G. M. Piersol	1,636	35,639	0	1	...
Philadelphia General Hospital*[1]	Philadelphia	A. A. Martucci	2,827	23,733	1	1	75
Medical College of Virginia—Hospital Division*[1]	Richmond, Va.	W. J. Lee	4,575	40,327	..	..	46.50

20. PLASTIC SURGERY

The following services are approved by the Council and the American Board of Plastic Surgery. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 25 Assistant Residencies and Residencies, 44

Name of Hospital VETERANS ADMINISTRATION	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[6]	Total Residences Offered[6]	Beginning Stipend (Month)
Veterans Admin. Hospital	Hines, Ill.	P. Greeley	445	...	3	1	1	...	...
Veterans Admin. Hospital [1]	New York City	H. Conway	371	317	2	1	2	4	...
Veterans Admin. Hospital [1,43]	White River Jct., Vt.	R. C. Tanzer	373	1,459	3	3	1	2	...
NONFEDERAL									
Franklin Hospital*[1]	San Francisco	H. M. Blackfield	327	300	..	..	1	2	100
St. Francis Hospital	San Francisco	...	...	...	..	..	...	...	...
Indiana University Medical Center*[1]	Indianapolis	H. M. Trusler	244	...	..	..	...	1	200
University of Kansas Medical Center*[1]	Kansas City, Kans.	D. W. Robinson	551	536	..	..	1	1	100
Charity Hospital of Louisiana* Louisiana University	New Orleans	W. R. Metz	366	2,163	10	..	..	1	25
Tulane University		N. Owens	310	1,859	17	2	..	1	25
Johns Hopkins Hospital*	Baltimore	...	...	...	..	..	..	..	...
Mayo Foundation	Rochester, Minn.	F. A. Figi	...	...	..	..	2	6	135
Barnes Hospital*	St. Louis	J. B. Brown	851	...	4	1	..	..	...
Hospital of St. Barnabas and for Women and Children*[1]	Newark, N. J.	L. A. Peer	689	803	..	..	1	2	100
Albany Hospital*[1]	Albany, N. Y.	W. B. Macomber	348	234	1	1	1	1	50
Kings County Hospital*[1]	Brooklyn	W. Coakley	1,265	3,499	37	9	1	2	...
New York Hospital*[1]	New York City	H. Conway	383	...	1	..	1	1	25
Presbyterian Hospital*[1]	New York City	J. P. Webster	605	3,768	..	..	2	6	208
Strong Memorial-Rochester Municipal Hospitals*	Rochester, N. Y.	R. M. McCormack	280	432	..	..	..	1	66.66
Duke Hospital*	Durham, N. C.	K. L. Pickrell	846	2,660	3	2	2	4	...
†University Hospitals*[1]	Oklahoma City	J. F. Burton	243	756	7	1	1	1	50
Allentown Hospital*[1]	Allentown, Pa.	K. M. Mareks	398	896	3	3	1	1	100
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	R. H. Ivy	146	184	1	1	1	1	...
†Jefferson Medical College Hospital*	Philadelphia	T. A. Shallow	268	299	5	4	1	1	...
Pittsburgh Medical Center [42,76]	Pittsburgh	S. M. Dupertuis	389	677	6	2	..	1	41.66
Baylor University Hospital*	Dallas, Texas	...	...	...	..	..	..	..	...
University of Texas Medical Branch Hospitals* John Sealy Hospital	Galveston, Texas	T. G. Blocker	800	1,970	11	5	1	4	75

Numerical and other references will be found on page 462.

147
51

21. PREVENTIVE MEDICINE AND PUBLIC HEALTH

The following programs have been approved by the Council and the American Board of Preventive Medicine and Public Health.

Department of Health	Location	Chief of Service	Local Areas	Population	Stipend
State of California	San Francisco	W. Halverson	Alameda County[a]	159,182*	$150–350
			San Joaquin County	199,414*	
State of Delaware	Dover	F. I. Hudson, Ex. Sec.	Kent and Newcastle Counties[b]	145,568	$300
State of Florida	Jacksonville	W. T. Sowder	Alachua County	56,717	$475–500
			Dade-Miami	488,689	
			Hillsborough-Tampa	248,536	
			Pinellas-St. Petersburg	157,639	
State of Illinois	Springfield	R. R. Cross	Cook County[c]	721,148	$416
			Will County	134,499	
State of Maryland	Baltimore	R. H. Riley	Anne Arundel County	115,000*	..
			Baltimore City	949,205	
			Baltimore County	269,382	
			Montgomery County	163,749	
			Washington County	78,000*	
State of Massachusetts	Boston	V. A. Getting	Brookline	56,952	$420
			Cambridge	120,676	
			Newton	81,736	
			Worcester	201,585	
State of Michigan	Lansing	A. E. Heustis	Calhoun County	112,243*	$400
			Kalamazoo City-County	126,019	
			Wayne County[d]	398,266*	
State of Minnesota	Minneapolis	A. J. Chesley	Olmsted-Rochester	47,362	75% of what job will pay[e]
New York City	New York City	J. F. Mahoney	Fort Greene	220,047*	$370
			Jamaica West	278,683*	
			Red Hook	171,190*	
			Tremont	302,827*	
State of New York	Albany	H. E. Hilleboe	Erie County	895,020	$350
			Geneva District[f]	89,357*	
			Poughkeepsie Dist.[g]	140,150*	
			Tompkins County	59,186	
			Ulster County	91,172*	
			Westchester County[h]	339,068	
State of North Carolina	Raleigh	J. W. R. Norton	Charlotte	133,219	$500[i]
			Forsyth-Winston-Salem	145,000*	
			Orange-Person-Chatham-Lee	107,404	
State of Virginia	Richmond	L. J. Roper	Arlington County	136,000*	$150[j]
State of Washington	Seattle	J. A. Kahl	Kitsap-Bremerton	73,398	$530–650
			King-Seattle	731,117*	
			Clark-Vancouver	84,836	

*. Estimated.
(a). Excludes Alameda, Berkeley and Oakland cities with full time health officers, and Albany and Livermore with part-time officers.
(b). Excludes the city of Wilmington.
(c). Excludes Berwyn, Chicago, Evanston, Winnetka (including Glencoe and Kenilworth Villages), Oak Park and Stickney Township, all with full time health officers.
(d). Excludes Detroit and Dearborn, each with full time health officers.
(e). To those training for service in Minnesota only.
(f). Includes Ontario, Schuyler, and Yates counties.
(g). Includes Dutchess and Putnam counties.
(h). Excludes Mount Vernon, New Rochelle, and Yonkers, all with full time health officers.
(i). To those planning to work in state; transportation costs only to others.
(j). It is expected that a larger stipend will be available to those who will remain in Virginia.

22. PROCTOLOGY

The following services are approved by the Council and the American Board of Proctology. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 10 Assistant Residencies and Residencies, 14

Name of Hospital **NONFEDERAL**	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[§]	Total Residences Offered[§]	Beginning Stipend (Month)
Mercy Hospital*†	Chicago	C. L. Martin	299	734	6	5	1	1	25
Mayo Foundation	Rochester, Minn.	L. A. Buie	..	..	..	..	1	2	135
Millard Fillmore Hospital*†	Buffalo, N. Y.	H. C. Guess	560	13	1	..	1	1	50
Youngstown Hospital*†	Youngstown, Ohio	P. J. Fuzy	406	96	6	5	1	1	125
Allentown Hospital*†	Allentown, Pa.	M. Kleckner	514	66	4	1	1	1	100
Jefferson Medical College Hospital*	Philadelphia	T. A. Shallow	515	2,397	..	..	2	2	..
Temple University Hospital*†	Philadelphia	H. E. Bacon	864	1,251	12	4	..	2	..
Pittsburgh Medical Center †§	Pittsburgh	K. Zimmerman	440	447	..	..	..	..	58.33
Reading Hospital*†	Reading, Pa.	F. G. Runyeon	562	404	8	4	1	1	125
Milwaukee County Hospital*†	Milwaukee	A. G. Schutte	957	1,377	16	7	1	3	50

Numerical and other references will be found on page 462.

V 14
1951

23. PSYCHIATRY

The following services are approved by the Council and the American Board of Psychiatry and Neurology
Hospitals, 242 Assistant Residencies and Residencies, 1838

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital*	San Francisco	E. B. Litteral	2,364	3,663	3	3				
Fitzsimons Army Hospital*	Denver, Colo.	D. B. Peterson	1,734	3,034	4	4	4	15	3	...
Army Medical Center*[27]	Washington, D.C.	E. R. Inwood	1,595	3,357	2	2	7	20	3	...
UNITED STATES NAVY										
U. S. Naval Hospital*	Oakland, Calif.		...	...	..	..	..	..	2	...
U. S. Naval Hospital*	San Diego, Calif.		...	...	..	..	..	..	1	...
U. S. Naval Hospital*	Great Lakes, Ill.		...	...	..	..	..	..	1	...
U. S. Naval Hospital*[1]	Bethesda, Md.	S. M. Smith	633	2,624	..	..	4	8	3	...
U. S. Naval Hospital*	Chelsea, Mass.								1	...
U. S. Naval Hospital*	Philadelphia	E. K. Caveny	937	3,472	7	2	..	..	2	...
U. S. Naval Hospital*	Portsmouth, Va.								1	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital [1]	Lexington, Ky.	L. J. Zbranek and M. A. Diamond	5,101	...	28	19	9	15	3	...
U. S. Public Health Service Hospital [1]	Fort Worth, Texas	E. W. Green	2,350	...	31	21	5	10	2	...
FEDERAL SECURITY AGENCY										
St. Elizabeth's Hospital*[1]	Washington, D.C.	W. Overholser	8,473	...	495	346	8	24	3	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital [1]	Tuskegee, Ala.	P. P. Barker	2,289	...	90	52	4	4	2	...
Veterans Admin. Hospital [1]	North Little Rock, Ark.	E. S. Chappell	5,743	57	22	16	3	8	3	...
Veterans Admin. Hospital [1]	Long Beach, Calif.	J. Jacobs	490	598	4	4	3	9	3	...
Veterans Admin. Hospital*[1]	Los Angeles	B. G. Yeager	3,568	...	153	116	15	26	3	...
Veterans Admin. Hospital [1]	Palo Alto, Calif.	J. J. Prusmack	2,169	5,209	41	28		45	3	...
Veterans Admin. Hospital*[1]	Newington, Conn.	T. P. Sohler	314	1,105			4	8	2	...
†Veterans Admin. Hospital [1]	Augusta, Ga.	W. V. Walsh	1,650	735	29	21		3	2	...
Veterans Admin. Hospital [1]	Downey, Ill.	A. Rodriguez	2,501	...	37	19	4	8	3	...
Veterans Admin. Hospital	Hines, Ill.	F. G. Gerty	523	...	19	7		18	3	...
Veterans Admin. Hospital [1]	Topeka, Kans.	S. Rubin	2,460	...	18	16	32	90	3	...
Veterans Admin. Hospital [1]	Lexington, Ky.	E. W. Straus	1,870	...	29	11		4	3	...
Veterans Admin. Hospital [1 65]	Louisville	D. F. Moore	522	2,035	3	2	2	6	3	...
Veterans Admin. Hospital	New Orleans	H. J. Climo	472	13	3	2	1	2	2	...
Veterans Admin. Hospital [1]	Perry Point, Md.	E. P. Bannon	1,053	70	71	36	8	20	3	...
Veterans Admin. Hospital [1]	Bedford, Mass.	J. L. Hoffman	1,828	...	41	23	6	18	3	...
Veterans Admin. Hospital [1]	Boston (West Roxbury)								1	...
Veterans Admin. Hospital [1]	Framingham, Mass.	W. Bloomberg	986		1	1	8	22	3	...
Veterans Admin. Hospital	Dearborn, Mich.	J. L. Kubanek	521	699	44	14		6	3	...
Veterans Admin. Hospital [1]	Fort Custer, Mich.	A. L. Olsen	2,545		53	33	6	6	3	...
Veterans Admin. Hospital [1]	Gulfport, Miss.	J. J. Blasko	1,623		39	31	7	7	3	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	A. K. Baur	1,514	7,461	10	4	1	5	3	...
Veterans Admin. Hospital [1]	Lyons, N.J.	A. Paunez	2,923		61	32	8	12	3	...
Veterans Admin. Hospital	Buffalo, N.Y.								2	...
Veterans Admin. Hospital [1]	Canandaigua, N.Y.	E. M. Levy	2,080	89	52	31	3	6	2	...
Veterans Admin. Hospital [1]	New York City	H. L. Flowers	1,771	3,632	8	4	10	26	3	...
†Veterans Admin. Hospital [1]	Northport, N.Y.	J. F. Vavasour	2,906		29	24	11	11	3	...
Veterans Admin. Hospital [1]	Cleveland, Ohio	L. Halle	891	730	21	10	5	12	3	...
Veterans Admin. Hospital [1]	Coatesville, Pa.	A. O. Hecker						40	3	...
Veterans Admin. Hospital*[1]	Houston, Texas	O. E. Hubbard	705		4	4	2	4	2	...
Veterans Admin. Hospital [1]	Waco, Texas	G. T. McMahan	3,373		63	29	3	4	1	...
Veterans Admin. Hospital*[1]	Richmond, Va.	B. Nagler	694		1		1	3	2	...
Veterans Admin. Hospital [1]	Roanoke, Va.	L. G. Sewall	2,532	63	56	56	9	20	3	...
Veterans Admin. Hospital [1]	Tomah, Wis.	N. C. Mace	1,611	698	42	16			3	...
NONFEDERAL										
Jefferson-Hillman Hospital*[1]	Birmingham, Ala.	F. A. Kay	500	103	..	..	..	..	1	50
Agnews State Hospital	Agnew, Calif.								1	
Herrick Memorial Hospital*[1]	Berkeley, Calif.	A. E. Bennett	411	358	3	2	1	2	2	100
Compton Sanitarium [1]	Compton, Calif.	G. C. Burns	464	1,800	2		1	8	1	250
Napa State Hospital [1]	Imola, Calif.	W. A. Oliver	5,665		324	78	2	2	1	268
Los Angeles County Hospital*[1]	Los Angeles	M. G. Carter	8,061	513	325	70	2	2	3	165
Norwalk State Hospital	Norwalk, Calif.								1	
Patton State Hospital	Patton, Calif.	O. L. Gericke	2,117		336	131	1	1	1	268
Langley Porter Clinic Hospital [1 37]	San Francisco	K. M. Bowman	374	20,624	2	1	9	32	3	255
Mount Zion Hospital*[1]	San Francisco	N. Reider		5,577				3	2	75
Stanford University Hospitals*[1]	San Francisco	G. S. Johnson	328	5,737	1			3	3	50
Braewood Sanitarium	South Pasadena, Calif.	B. Williamson	645		13	3	1	1	1	250
Pacific Colony [1]	Spadra, Calif.	G. Tarjan	2,500	330	36	29	3	3	1	181
University of Colorado Medical Center Colorado Psychopathic Hospital	Denver	F. G. Ebaugh	968	1,253	10	5	12	38	3	125
Colorado State Hospital [1]	Pueblo, Colo.	J. L. Rosenbloom	6,148		458	217	6	12	2	275
Institute of Living [1]	Hartford, Conn.	C. F. Von Salzen	1,224		10	2			3	275
Connecticut State Hospital [1]	Middletown, Conn.	R. A. Arnot	4,084	650	272	69	3	6	2	280
Silver Hill Foundation [1]	New Canaan, Conn.	W. B. Terhune	315	520			1	2	1	100
Grace-New Haven Community Hospital New Haven Unit (University Service)*[1 64]	New Haven, Conn.	F. Redlich	196	2,767	1		5	15	3	40
Fairfield State Hospital [1]	Newton, Conn.	J. E. Oltman	3,392	20	248	187	5	10	2	420
Norwich State Hospital [1]	Norwich, Conn.	M. C. Taylor	3,639	377	233	57	6	6	2	370
Delaware State Hospital	Farnhurst, Del.	M. A. Tarumianz	1,311	4,281	91	23	3	9	2	200
Gallinger Municipal Hospital*[1]	Washington, D.C.	G. J. Gordon	3,362		45	17	3	3	1	125
Georgetown University Hospital*[1]	Washington, D.C.	G. W. Raines	281	2,335			4	8	2	25
George Washington University Hospital*[1]	Washington, D.C.	W. Overholser	780	923	3	1	1	1	2	130
Duval Medical Center*	Jacksonville, Fla.	S. G. Bedell	505	1,526	11	9	1	1	1	300
University Hospital*[1]	Augusta, Ga.	H. M. Cleckley	581	101	7	2	1	3	2	40
Chicago State Hospital	Chicago	I. Spinka	6,655	2,860	637	150	5	10	2	200
Cook County Hospital*[1]	Chicago	V. G. Urse	8,261		141	12		4	3	125
Illinois Neuropsychiatric Institute	Chicago	F. J. Gerty					2	6	3	
Loretto Hospital*[1]	Chicago	J. J. Madden	565	350	2	2	2	2	1	200
Mercy Hospital*[1]	Chicago	J. J. Madden	369	3,003	1		1	1	1	25
Michael Reese Hospital*[1]	Chicago	R. R. Grinker	402	9,326	3	3	6	17	3	
St. Luke's Hospital*[1]	Chicago	A. P. Solomon	664		11	9	1	1	1	25
University of Chicago Clinics*[1]	Chicago	N. B. Apter	176	6,013	1	1	3	9	3	25
Veterans Rehabilitation Center [1]	Chicago	D. Slight	179	16,732	..	..	9	6	1	200
Wesley Memorial Hospital*[1]	Chicago	T. T. Stone	498	...	3	1	1	1	1	25

Numerical and other references will be found on page 462.

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Length of Approved Program (Years)	Beginning Stipend (Month)
Dixon State Hospital [1]	Dixon, Ill.	C. K. Bush	4,918	250	186	119	3	3	1	200
Elgin State Hospital	Elgin, Ill.	E. Liebert	6,175	700	523	175	6	18	3	200
Kankakee State Hospital [1]	Kankakee, Ill.	G. M. Cowan	4,138	...	363	290	95	1	1	200
Lincoln State School and Colony [1]	Lincoln, Ill.	J. Albaum	4,900	...	...	86	26	...	1	200
Manteno State Hospital [1]	Manteno, Ill.	A. P. Bay	10,282	1,682	676	102	2	6	2	200
Peoria State Hospital	Peoria, Ill.	H. B. Knowles	2,618	77	332	67	...	...	3	...
North Shore Health Resort [1]	Winnetka, Ill.	S. Liebman	424	424	5	5	2	2	1	...
Central State Hospital	Indianapolis	M. A. Bahr	1,778	76	177	20	2	4	2	300
Indianapolis General Hospital*[1]	Indianapolis	M. DeArmond	521	1,465	14	5	1	3	3	80
Indiana University Medical Center and Affiliated Hospitals	Indianapolis	H. S. Gaskill	...	718	...	...	2	6	9	150
Norways Sanatorium [1]	Indianapolis	P. B. Reed	656	458	9	...	2	6	2	200
Logansport State Hospital	Logansport, Ind.	G. W. Morrow	3,278	...	208	52	3	3	2	475
Mental Health Institute [1]	Cherokee, Iowa	W. C. Brinegar	1,875	...	141	69	2	2	1	298
Iowa State Psychopathic Hospital [1]	Iowa City	W. R. Miller	364	3,720	...	...	4	12	3	150
University of Kansas Medical Center*[1]	Kansas City, Kans.	W. Roth, Jr.	168	1,800	2	2	1	3	3	100
Menninger Sanitarium [1]	Topeka, Kans.	K. A. Menninger	209	28,373	...	...	13	13	3	200
University of Louisville Services										
Louisville General Hospital*[1]	Louisville	S. S. Ackerly	788	2,100	8	3	1	6	3	166
Norton Memorial Infirmary*	Louisville	S. S. Ackerly	282	635	1	1	1	3	3	100
Charity Hospital of Louisiana [1]	New Orleans, La.	R. G. Heath and R. A. Matthews	160	6,007	1	1	4	10	3	25
De Paul Sanitarium	New Orleans, La.	W. J. Otis	1,064	149	10	2	...	...	3	...
Johns Hopkins Hospital*[1]	Baltimore	J. C. Whitehorn	306	4,644	1	...	...	11	3	41.66
Seton Institute [1]	Baltimore	D. Ross	625	100	10	...	3	9	2	125
Spring Grove State Hospital [1]	Catonsville, Md.	I. Tuerk	3,282	1,496	128	22	3	8	2	...
Chestnut Lodge Sanitarium [1]	Rockville, Md.	R. A. Cohen	182	4,182	6	3	...	...	1	250
Springfield State Hospital [1]	Sykesville, Md.	M. V. Beyer	3,632	964	160	44	2	4	2	385
Sheppard and Enoch Pratt Hospital [1]	Towson, Md.	H. M. Murdock	404	58	12	4	5	12	3	166
Beth Israel Hospital*[1]	Boston	G. L. Bibring	...	1,368	...	...	1	4	1	200
Boston Psychopathic Hospital [1]	Boston	H. C. Solomon	1,200	9,000	5	4	6	15	3	200
Boston State Hospital [1]	Boston	E. V. Semrad	4,387	2,020	310	100	6	12	2	200
Massachusetts General Hospital*	Boston	S. Cobb	94	5,075	...	...	2	3	2	41.66
Massachusetts Memorial Hospital*	Boston	W. Malamud	...	3,330	...	...	2	6	3	150
New England Center Hospital*[1]	Boston	R. D. Adams	1,648	...	...	...	...	2	1	83.33
Peter Bent Brigham Hospital*	Boston	H. M. Fox	...	...	...	...	1	1	1	...
Foxboro State Hospital [1]	Foxboro, Mass.	J. T. Shea	1,725	175	115	35	2	4	2	200
Danvers State Hospital [1]	Hathorne, Mass.	C. A. Bonner	3,383	...	282	55	1	1	1	200
Medfield State Hospital [1]	Medfield, Mass.	T. F. Lindberg	1,650	...	121	33	2	2	1	100
Northampton State Hospital [1]	Northampton, Mass.	J. H. F. Longpre	3,103	231	216	45	2	2	1	200
Austen Riggs Foundation [1]	Stockbridge, Mass.	R. P. Knight	135	1,700	...	...	...	5	2	500
Taunton State Hospital [1]	Taunton, Mass.	B. E. Zawacki	703	468	247	71	6	6	2	430
Metropolitan State Hospital [1]	Waltham, Mass.	M. Asekoff and T. P. Krush	2,827	116	169	59	...	2	2	200
McLean Hospital	Waverley, Mass.	P. M. Howard	490	...	14	4	2	6	2	...
Worcester City Hospital*[1]	Worcester, Mass.	F. L. Vibber	672	...	112	48	1	1	1	100
Worcester State Hospital [1]	Worcester, Mass.	D. Rothschild	3,671	2,965	299	80	6	13	3	200
University Hospital*[1]	Ann Arbor, Mich.	R. W. Waggoner	618	6,771	2	2	5	28	3	124
†St. Joseph's Retreat [1]	Dearborn, Mich.	M. H. Hoffmann	1,326	377	13	5	2	4	1	300
City of Detroit Receiving Hospital*[1]	Detroit	W. Schmidt	6,467	2,321	153	46	3	7	3	217
Henry Ford Hospital*[1]	Detroit	T. J. Heldt	787	10,720	36	19	...	2	2	225
Wayne County General Hospital and Infirmary*[1]	Eloise, Mich.	R. Leiser	5,124	8,941	289	107	3	9	3	252
Kalamazoo State Hospital [1]	Kalamazoo, Mich.	C. M. Schrier	3,347	565	291	2	3	3	2	445
Pontiac State Hospital [1]	Pontiac, Mich.	P. V. Wagley	3,453	141	290	66	4	10	3	445
Traverse City State Hospital [1]	Traverse City, Mich.	R. P. Sheets	3,646	1,420	236	73	8	16	2	445
Ypsilanti State Hospital [1]	Ypsilanti, Mich.	O. R. Yoder	5,175	1,405	275	69	6	16	3	445
Hastings State Hospital	Hastings, Minn.	...	...	...	...	...	...	...	1	...
Minnesota General Hospital*[1]	Minneapolis	J. C. Michael	921	1,973	68	28	1	1	1	125
University of Minnesota Hospitals*[1, 66]	Minneapolis	D. W. Hastings	305	...	3	2	...	7	3	...
Mayo Foundation	Rochester, Minn.	...	...	...	...	...	5	14	3	135
†Rochester State Hospital	Rochester, Minn.	...	2,281	...	138	53	...	5	1	...
State Hospital No. 1	Fulton, Mo.	G. S. Waraich	529	...	253	29	3	6	2	150
Kansas City General Hospital No. 1*	Kansas City, Mo.	M. L. Bills	542	2,171	13	8	...	...	1	75
State Hospital No. 2 [1]	St. Joseph, Mo.	O. W. Mullinax	3,661	53	171	18	3	3	2	200
Barnes Hospital*[1]	St. Louis	E. F. Gildea	556	5,832	5	3	3	21	3	...
Homer G. Phillips Hospital*[1, 9]	St. Louis	E. F. Gildea	...	...	...	...	...	...	2	132
St. Louis City Hospital*[1]	St. Louis	E. Gildea and R. E. Britt	1,961	2,307	80	21	3	6	3	123
St. Louis State Hospital [1]	St. Louis	L. H. Kohler	3,704	300	154	71	10	30	3	250
Hastings State Hospital [1]	Ingleside, Nebr.	J. C. Nielsen	807	221	135	50	4	8	2	300
Norfolk State Hospital [1]	Norfolk, Nebr.	G. L. Schnitter	1,430	1,180	29	29	2	3	1	340
Lutheran Hospital [1]	Omaha	R. Young	1,702	1,089	5	4	1	2	2	200
University of Nebraska Hospital*[1]	Omaha	R. H. Young	188	1,007	...	...	7	13	3	125
New Hampshire State Hospital [1]	Concord, N.H.	J. L. Smalldon	3,500	1,421	266	42	2	2	1	235
Essex County Overbrook Hospital	Cedar Grove, N.J.	J. G. Sutton	3,391	573	315	86	5	8	2	230
New Jersey State Hospital [1]	Trenton, N.J.	H. S. Magee	5,219	6,432	355	54	8	8	2	375
Albany Hospital*[1]	Albany, N.Y.	...	...	777	...	...	1	3	3	50
Binghamton State Hospital [1]	Binghamton, N.Y.	O. H. Boltz	2,716	1,170	243	99	2	2	2	300
Brooklyn State Hospital [1]	Brooklyn	C. H. Bellinger	3,456	1,900	576	46	4	12	3	360
Kings County Hospital*[1]	Brooklyn	H. Potter	10,576	10,264	312	33	10	30	3	...
Buffalo State Hospital [1]	Buffalo	C. Fletcher	2,722	412	297	66	4	4	3	304.16
Edward J. Meyer Memorial Hospital*[1]	Buffalo	S. M. Small	1,944	1,668	52	15	2	4	2	100
Central Islip State Hospital [1]	Central Islip, N.Y.	D. J. Corcoran	9,698	3,189	608	152	6	13	3	304.16
Hillside Hospital [1]	Glen Oaks, N.Y.	J. S. A. Miller	524	77	1	...	6	15	3	150
Gowanda State Homeopathic Hospital [1]	Helmuth, N.Y.	W. L. Hogeboom	3,693	2,986	253	52	...	6	2	341.66
Pinewood Sanitarium [1]	Katonah, N.Y.	L. Wender	330	...	2	1	1	1	1	225
Kings Park State Hospital [1]	Kings Park, N.Y.	A. E. Soper	11,112	6,251	644	179	13	26	2	335.83
River Crest Sanitarium	Long Island City, N.Y.	J. C. Kindred	706	1,725	21	2	...	2	1	250
Marcy State Hospital [1]	Marcy, N.Y.	G. L. Warner	2,774	99	298	31	2	6	2	...
Middletown State Homeopathic Hospital [1]	Middletown, N.Y.	W. A. Schmitz	3,794	1,442	208	43	6	6	2	304
Bellevue Hospital, Div. III, New York University*[1]	New York City	L. L. Sharp	20,255	10,700	678	173	12	35	3	50
Manhattan State Hospital [1]	New York City	J. H. Travis	3,913	1,566	997	190	13	13	2	354
Mount Sinai Hospital*[1]	New York City	M. R. Kaufman	131	8,411	...	...	2	2	2	50
New York Hospital*[1]	New York City	O. Diethelm	223	6,144	1	...	5	13	3	50
New York State Psychiatric Institute [1]	New York City	N. D. C. Lewis	437	862	1	1	...	...	3	304
Rockland State Hospital [1]	Orangeburg, N.Y.	A. M. Stanley	5,617	4,698	353	113	6	22	2	304.16
Stony Lodge Sanitarium [1]	Ossining, N.Y.	B. C. Glueck, Jr.	110	876	...	...	2	2	1	200
Hudson River State Hospital [1]	Poughkeepsie, N.Y.	W. C. Groom	6,137	931	439	109	5	7	2	...
Creedmoor State Hospital [1]	Queens Village, N.Y.	H. A. La Burt	6,646	2,945	330	48	...	...	2	304
Rochester State Hospital	Rochester, N.Y.	B. Pollack	3,358	1,430	368	53	...	7	2	304
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N.Y.	J. Romano	822	7,097	3	2	4	12	2	41.66

Numerical and other references will be found on page 462.

V 14
1951

23. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Length of Approved Program (Years)	Beginning Stipend (Month)
Syracuse Psychopathic Hospital [1]	Syracuse, N.Y.	N. Beckenstein	626	1,355	4	1	2	4	2	304
Letchworth Village	Thiells, N.Y.	H. C. Storrs	3,821		57	34	..	..	1	
Utica State Hospital [1]	Utica, N.Y.	F. J. O'Neill	2,556	1,354	202	34	..	1	2	304.16
Grasslands Hospital[*1]	Valhalla, N.Y.	F. V. Rockwell	1,191	1,338	16	9	4	7	2	167
Pilgrim State Hospital [1]	West Brentwood, N.Y.	H. J. Worthing	12,157	2,978	911	244	..	..	2	
New York Hospital—Westchester Division [1]	White Plains, N.Y.	J. H. Wall	722		11	2	3	3	3	125
Willard State Hospital [1]	Willard, N.Y.	K. Keil	3,500	150	300	55	4	8	2	250
Harlem Valley State Hospital	Wingdale, N.Y.	L. P. O'Donnell	5,625	1,358	272	80	6	9	2	304.50
Duke Hospital[*1]	Durham, N.C.	R. S. Lyman	400	3,345	..	..	2	18	3	
Graylyn-North Carolina Baptist Hospital[*1]	Winston-Salem, N.C.	L. J. Thompson	393	1,718	..	..	2	6	3	150
Windsor Hospital	Chagrin Falls, Ohio	J. H. Nichols	749	..	10	..	1	1	1	200
Christ Hospital[*]	Cincinnati, Ohio	H. D. Fabing	596	..	6	5	..	1	1	145
Cincinnati General Hospital[*1,10,67]	Cincinnati	M. Levine	1,251	12,310	9	7	7	16	3	..
Longview State Hospital [1]	Cincinnati	D. Goldman	3,118	..	308	98	5	8	1	300
Cleveland Clinic Hospital [1,9]	Cleveland	L. J. Karnosh	..	..	..	..	1	5	2	..
Cleveland State Hospital [1]	Cleveland	M. B. Gordon	2,600	..	181	..	2	2	1	252
Cleveland State Receiving Hospital	Cleveland	F. E. Merritt	1,400	..	31	18	2	6	2	252
University Hospitals[*1]	Cleveland	D. D. Bond	155	3,245	1	..	..	1	2	..
Columbus State Hospital [1]	Columbus, Ohio	B. Kovitz	3,113	1,320	179	85	4	12	2	252
Massillon State Hospital [1]	Massillon, Ohio	A. C. Hayes	3,148	1,160	211	53	3	3	1	130
Harding Sanitarium [1]	Worthington, Ohio	H. S. Evans	663	3,105	7	3	2	4	2	300
Central Oklahoma State Hospital [1]	Norman, Okla.	C. A. Smith	2,945	300	203	1	3	3	1	300
Oregon State Hospital	Salem	D. Brooks	3,000	..	350	90	4	4	1	450
Allentown State Hospital [1]	Allentown, Pa.	R. W. Gosborn	2,033	40	150	16	2	2	1	209.50
Danville State Hospital [1]	Danville, Pa.	V. J. Cassone	2,938	1,317	137	17	5	11	2	..
Harrisburg State Hospital [1]	Harrisburg, Pa.	H. K. Petry	2,880	542	168	61	..	..	2	..
Norristown State Hospital [1]	Norristown, Pa.	A. P. Noyes	5,259	..	329	95	5	6	2	358
Friends Hospital [1]	Philadelphia	T. L. Dehne	371	1,104	23	6	6	6	2	250
Hospital of the University of Pennsylvania[*1]	Philadelphia	K. E. Appel	..	11,937	..	..	..	8	2	..
Institute of the Pennsylvania Hospital [1]	Philadelphia	L. H. Smith	306	5,055	1	..	..	5	2	167
Jefferson Medical College Hospital[*]	Philadelphia	B. L. Keyes	71	1,540	1	9	1	1	1	..
Mount Sinai Hospital[*1]	Philadelphia	P. Sloane	42	113	..	..	..	1	1	100
Pennsylvania Hospital, Department of Mental and Nervous Diseases [1,68]	Philadelphia	L. H. Smith	596	..	16	..	1	7	2	167
Philadelphia General Hospital[*1]	Philadelphia	J. Stouffer	1,922	..	87	31	3	6	3	75
Philadelphia Psychiatric Hospital [1]	Philadelphia	N. W. Winkelman	483	1,517	5	1	5	6	2	100
Philadelphia State Hospital [1]	Philadelphia	G. E. Peatick	6,718	704	285	46	6	12	2	378
Temple University Hospital[*1]	Philadelphia	O. S. English	49	5,610	..	..	..	5	3	..
St. Francis Hospital[*1]	Pittsburgh		3,245	423	97	44	..	..	2	..
Western Psychiatric Institute and Clinic [1]	Pittsburgh	H. W. Brosin	329	471	6	1	8	18	3	272.50
Warren State Hospital [1]	Warren, Pa.	R. H. Israel	3,603	279	266	12	5	11	2	357
Woodville State Hospital [1]	Woodville, Pa.	R. J. Phifer	3,067	86	188	23	4	4	1	357.50
State Hospital for Mental Diseases [1]	Howard, R.I.	J. F. Regan	4,271	480	374	92	8	14	2	333
Butler Hospital [1]	Providence, R.I.	D. G. Wright	326	1,500	24	2	4	8	2	200
Charles V. Chapin Hospital [1]	Providence, R.I.	T. L. Greason	810	543	13	3	2	2	1	275
Gailor Memorial Psychiatric Hospital	Memphis		..	..	..	..	..	..	3	..
Vanderbilt University Hospital[*1,69]	Nashville, Tenn.	W. F. Orr	108	1,823	1	..	..	..	3	..
Parkland Hospital[*1]	Dallas, Texas	G. Witt	339	904	..	..	2	2	2	..
Timberlawn Sanitarium	Dallas, Texas	G. F. Witt	562	..	..	..	3	6	2	200
University of Texas Medical Branch Hospitals										
Galveston State Psychopathic Hospital [1]	Galveston, Texas	T. H. Harris	1,399	..	14	6	4	12	3	200
John Sealy Hospital[*1]	Galveston, Texas	T. H. Harris	2,116	4,964	17	6	9	27	3	50
Salt Lake County General Hospital	Salt Lake City		..	..	..	..	..	..	2	..
Vermont State Hospital [1]	Waterbury, Vt.	R. A. Chittick	1,838	..	134	35	2	4	2	330
University of Virginia Hospital[*1]	Charlottesville, Va.	D. C. Wilson	533	1,029	4	4	2	7	3	50
Medical College of Virginia—Hospital Division[*1]	Richmond, Va.	R. F. Gayle, Jr.	635	3,131	6	2	1	3	3	46.50
Eastern State Hospital [1]	Williamsburg, Va.	G. L. Jones	2,717	..	187	46	4	4	2	466
Western State Hospital [1]	Fort Steilacoom, Wash.	H. H. Dutton	3,816	..	316	126	..	7	2	485
Eastern State Hospital [1]	Medical Lake, Wash.	R. H. Southcombe	3,068	902	188	7	2	3	2	200
Pinel Foundation	Seattle, Wash.	W. D. Horton	134	12,567	..	..	2	2	1	350
State of Wisconsin General Hospital[*1]	Madison, Wis.	W. J. Blackwood	1,076	1,032	16	11	2	6	3	25
Milwaukee County Hospital for Mental Diseases [1]	Milwaukee	M. Kasak	1,851	284	28	15	3	9	2	100
Milwaukee Sanitarium [1]	Wauwatosa, Wis.	J. A. Kindwall	657	..	8	5	1	2	1	..
Queen's Hospital[*1]	Honolulu, Hawaii	R. D. Kepaer	926	137	3	3	1	2	2	100
Territorial Hospital [1]	Honolulu, Hawaii	M. Guensberg	1,567	1,285	65	29	4	4	1	60.0

24. PULMONARY DISEASES

The following services have been approved by the Council and the Subspecialty Board for Pulmonary Diseases of the American Board of Internal Medicine.

Hospitals, 112 Assistant Residencies and Residencies, 398

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[3]	Total Residences Offered[3]	Beginning Stipend (Month)
UNITED STATES ARMY									
Fitzsimons Army Hospital[*]	Denver, Colo.	C. W. Tempel	2,360	777	36	30	..	..	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital[*1]	Washington, D. C.	H. M. Payne	166	7,512	51	24	1	3	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital[*1]	Long Beach, Calif.	J. D. Davis	1,550	3,484	56	56	..	4	...
Veterans Admin. Hospital	Hines, Ill.	A. Shamaskin	977	..	100	40	..	..	...
Veterans Admin. Hospital	Rutland Heights, Mass.	S. T. Allison	1,091	1,193	58	38	1	1	...
Veterans Admin. Hospital	Minneapolis	W. B. Tucker	542	450	63	48	..	..	...
Veterans Admin. Hospital [1]	Excelsior Springs, Mo.	R. K. Smith	511	722	18	11	3	3	...
Veterans Admin. Hospital [1]	Albuquerque, N. M.	C. C. Herbert	683	..	16	15	5	6	...
Veterans Admin. Hospital [1]	Castle Point, N. Y.	C. J. Kaufman	1,157	439	70	49	4	4	...
Veterans Admin. Hospital	Sunmount, N. Y.	N. D'Esopo	566	83	22	14	8	24	...

Numerical and other references will be found on page 462.

24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Beginning Stipend (Month)
Veterans Admin. Hospital	Oteen, N. C.	W. S. Schwartz	2,838	8,354	120	79	6	6	...
Veterans Admin. Hospital	Brecksville, Ohio	G. W. Hobson	696	3,819	39	11	1	1	...
Veterans Admin. Hospital	Memphis		...	...	...	...	...	...	...
Veterans Admin. Hospital[*] [1, 78]	Houston	D. E. Jenkins	428	...	30	25	2	4	...
Veterans Admin. Hospital[*]	McKinney, Texas	D. O. Shields	382	357	29	19	6	9	...
Veterans Admin. Hospital*	Richmond, Va.	W. E. Roye	503	...	32	15	1	4	...
Veterans Admin. Hospital	Walla Walla, Wash.	L. S. Arany	606	222	24	21	1	1	...
Veterans Admin. Hospital	Milwaukee	R. A. Hemphill	471	714	55	42	1	1	...
NONFEDERAL									
Los Angeles Sanatorium [1]	Duarte, Calif.	A. E. T. Rogers	432	...	26	13	1	1	300
Arroyo Del Valle Sanatorium [1]	Livermore, Calif.	J. T. Duncan	518	1,026	8	..	1	3	291
Barlow Sanatorium [1]	Los Angeles	H. W. Bosworth	203	2,420	1	..	2	2	100
Bret Harte Sanatorium [1]	Murphys, Calif.	L. M. Baer	650	8,140	44	18	1	1	420
Olive View Sanatorium [1]	Olive View, Calif.	C. E. Babcock	2,296	...	139	61	14	14	464
San Diego County General Hospital*[1]	San Diego, Calif.	R. A. Schneiders	282	2,324	42	12	1	3	125
San Francisco Hospital*[1]	San Francisco	S. M. Farber and H. C. Hinshaw	...	...	..	..	2	5	175
Santa Clara County Hospital*[1]	San Jose, Calif.	C. Ianne	180	10,100	39	16	1	3	235
Fairmont Hospital of Alameda County [1]	San Leandro, Calif.	J. L. Eaton	444	2,649	40	8	1	1	145
Tulare-Kings Counties Joint Tuberculosis Hospital [1]	Springville, Calif.	W. A. Winn	342	9,298	11	4	1	3	450
National Jewish Hospital [1]	Denver	A. Hurst	536	410	20	15	3	3	150
Norwich State Tuberculosis Sanatorium [1]	Norwich, Conn.	G. C. Wilson	745	2,443	47	11	1	1	260
Laurel Heights State Tuberculosis Sanatorium [1]	Shelton, Conn.	E. J. Lynch	455	2,509	18	7	2	2	205
Gaylord Farm Sanatorium [1]	Wallingford, Conn.	W. H. Morriss	298	3,000	...	...	..	..	250
Tuberculosis Sanatorium (Glendale, Md., P.O.)	Wasnington, D.C.	D. L. Finucane	1,082	...	128	62	..	5	200
City of Chicago Municipal Tuberculosis Sanitarium [1]	Chicago	M. R. Lichtenstein	2,257	135,384	204	87	6	6	125
University of Chicago Clinics*[1]	Chicago		...	1,959	...	...	..	..	...
Peoria Municipal Tuberculosis Sanitorium [1]	Peoria, Ill.	D. Morse	170	2,023	15	11	1	1	250
Rockford Municipal Tuberculosis Sanatorium [1]	Rockford, Ill.	W. J. Bryan	228	3,754	17	5	1	1	250
Lake County Tuberculosis Sanatorium [1]	Waukegan, Ill.	C. K. Petter	296	6,500	22	16	1	1	200
Boehne Tuberculosis Hospital [1]	Evansville, Ind.	P. D. Crimm	375	678	38	38	1	1	350
Indianapolis General Hospital*[1]	Indianapolis	W. S. Tucker	206	2,412	38	4	1	1	80
Sunnyside Sanatorium [1]	Indianapolis	F. L. Jennings	372	1,825	30	13	2	2	300
Healthwin Hospital [1]	South Bend, Ind.	E. W. Custer	330	1,531	32	3	..	..	300
State Sanatorium [1]	Oakdale, Ia.	W. M. Spear	744	3,053	44	10	2	2	100
Waverly Hills Sanatorium [1]	Waverly Hills, Ky.	A. B. Mullen	776	2,446	87	7	2	2	90
Charity Hospital of Louisiana*[1]	New Orleans	J. L. Wilson and E. Hull	861	9,710	138	42	4	6	100
Western Maine Sanatorium	Greenwood Mt., Me.	L. Adams	256	776	15	3	1	3	188.80
Baltimore City Hospitals*[1]	Baltimore	H. V. Langeluttig	642	...	83	40	1	3	15
Boston Sanatorium	Boston	J. A. Foley	913	...	91	14	..	4	200
Fall River General Hospital	Fall River, Mass.		...	...	...	...	..	..	...
Middlesex County Sanatorium [1]	Waltham, Mass.	F. P. Dawson	630	18,774	51	27	1	2	370
Westfield State Sanatorium [1]	Westfield, Mass.	W. W. Knowlton	261	4,460	15	6	..	3	395.64
Belmont Hospital [1]	Worcester, Mass.	H. K. Spangler	244	4,110	24	12	1	2	155
American Legion Hospital [1]	Battle Creek, Mich.	J. E. Moody	534	390	41	...	1	1	...
Herman Kiefer Hospital [1]	Detroit	P. T. Chapman	1,833	58,148	175	94	7	10	397
Michigan State Sanatorium [1]	Howell, Mich.	W. F. Fidler	633	1,827	31	..	6	6	660
Ingham Sanatorium	Lansing, Mich.	C. J. Stringer	523	17,425	24	9	1	2	400
Morgan Heights Sanatorium [1]	Marquette, Mich.	J. R. Acocks	152	3,975	7	2	1	1	300
William H. Maybury Sanatorium [1]	Northville, Mich.	W. L. Howard	1,568	...	149	60	3	3	384
Oakland County Tuberculosis Sanatorium [1]	Pontiac, Mich.	C. P. Mehas	414	2,505	13	12	4	4	350
Nopeming Sanatorium [1]	Nopeming, Minn.	G. A. Hedberg	662	6,323	26	16	..	..	...
Glen Lake Sanatorium [1]	Oak Terrace, Minn.	R. H. Frost	994	35,531	70	39	..	..	195
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	H. Boswell	870	2,125	37	2	3	3	200
Kansas City Municipal Tuberculosis Hospital	Kansas City, Mo.		440	30	70	18	1	1	170
Robert Koch Hospital [1]	Koch, Mo.	G. D. Kettelkamp	1,042	...	111	17	9	9	207.80
St. Mary's Group of Hospitals*[1]	St. Louis	P. Murphy	295	2,616	16	4	1	1	35
New Jersey Sanatorium for Tuberculous Diseases	Glen Gardner, N.J.	J. A. Smith	527	2,479	16	7	8	8	375
Berthold S. Pollak Hospital for Chest Diseases [1]	Jersey City, N.J.	S. Cohen and B. Potter	938	5,332	138	28	6	8	166.60
Bergen Pines, Bergen County Hospital	Ridgewood, N.J.	R. H. Little	320	12,330	52	14	3	3	...
Essex County Sanatorium [1]	Verona, N.J.	A. M. Hicks	752	2,330	92	22	6	6	267.50
Albany Hospital*	Albany, N.Y.	R. J. Erickson	280	1,936	32	12	1	1	50
Montefiore Hospital Country Sanatorium [1]	Bedford Hills, N.Y.	S. Rothbard	437	...	1	1	4	4	100
Kings County Hospital*[1]	Brooklyn	C. E. Hamilton	1,406	9,225	103	24	4	4	...
Kingston Avenue Hospital [1]	Brooklyn	I. Kaufman	447	...	51	8	4	4	130
Edward J. Meyer Memorial Hospital*[1]	Buffalo	H. G. Dayman	689	1,187	114	35	..	1	100
Nassau County Tuberculosis Hospital [1]	Farmingdale, N.Y.	J. C. Walsh	502	12,194	42	21	5	5	...
Hermann M. Biggs Memorial Hospital [1]	Ithaca, N.Y.	N. S. Lincoln	479	9,179	20	4	2	3	250
Triboro Hospital [1]	Jamaica, N.Y.	R. H. Bennett	1,328	9,989	108	42	12	12	130
Niagara Sanatorium [1]	Lockport, N.Y.	A. N. Aitken	322	5,320	29	18	2	2	258.33
Bellevue Hospital, Div. I, Columbia University*[1]	New York City	J. B. Amberson	3,185	8,508	229	59	19	22	80
Lenox Hill Hospital*	New York City	G. Thorburn	...	1,042	...	...	1	1	50
Manhattan Genital Hospital	New York City		...	...	...	...	..	..	...
Metropolitan Hospital*[1]	New York City	G. G. Ornstein	736	6,670	128	15	5	5	130
Montefiore Hospital for Chronic Diseases*[1]	New York City	S. Rothbard	377	2,223	27	15	3	4	60
Morrisania City Hospital*[1]	New York City	E. H. Rubin	...	4,433	...	...	1	1	130
St. Joseph's Hospital for Chest Diseases	New York City	F. J. McCarthy	652	...	28	8	3	4	175
Seton Hospital [1]	New York City	E. H. Rubin	809	314	55	23	10	10	130
Willard Parker Hospital [1]	New York City	H. Alexander	248	...	11	3	2	2	180
Homer Folks Tuberculosis Hospital [1]	Oneonta, N.Y.	R. Horton	337	7,892	33	15	2	3	385
Municipal Sanatorium [1]	Otisville, N.Y.	J. S. Edlin	1,195	...	8	4	7	7	160
Ray Brook State Tuberculosis Hospital [1]	Ray Brook, N.Y.	F. Beck	580	5,454	13	8	3	3	350
Iola-Monroe County Tuberculosis Sanatorium [1]	Rochester, N.Y.	J. M. MacMillan	661	18,238	77	44	..	7	283.33
Schenectady County Tuberculosis Hospital [1]	Schenectady, N.Y.	J. M. Blake	254	3,289	23	6	2	2	200
Sea View Hospital [1]	Staten Island, N.Y.	G. G. Ornstein	3,404	708	382	55	20	20	140
Trudeau Sanatorium [1]	Trudeau, N.Y.	G. M. Meade	355	5	5	2	2	2	50
Grasslands Hospital*[1]	Valhalla, N.Y.	W. G. Childress	504	2,721	54	21	2	7	167
Duke Hospital*	Durham, N.C.	E. E. Menefee, Jr	324	657	9	7	1	1	200
North Carolina Sanatorium for the Treatment of Tuberculosis	McCain, N.C.	J. S. Hiatt	1,164	2,695	126	39	2	2	...
Dunham Hospital	Cincinnati	J. H. Skavlem	935	2,725	78	29	..	..	...
City Hospital*[1]	Cleveland	R. C. McKay	945	...	105	40	..	2	305
Benjamin Franklin Hospital [1]	Columbus, Ohio	W. L. Potts	624	16,290	79	37	..	7	416
Sunny Acres, Cuyahoga County Tuberculosis Hospital [1]	Warrensville, Ohio	H. G. Curtis	777	55,930	37	15	3	6	367
Mahoning Tuberculosis Sanatorium [1]	Youngstown, Ohio	H. H. Teitelbaum	331	1,745	44	20	2	2	250
Eagleville Sanatorium for Consumptives [1]	Eagleville, Pa.	L. Cohen	346	8,480	11	3	1	2	...
Pennsylvania State Sanatorium for Tuberculosis, No. 3	Hamburg, Pa.	A. R. Judd and C. L. Brown	843	251	93	23	..	2	322.30
Jefferson Medical College Hospital*	Philadelphia, Pa.		...	...	...	...	..	..	...

Numerical and other references will be found on page 462.

V 14
1951

24. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
Philadelphia General Hospital*[1]	Philadelphia	N. Ralph	1,102	...	277	98	1	2	75
Tuberculosis League Hospital [1]	Pittsburgh	C. H. Marcy	333	13,554	20	4	1	2	200
Oakville Memorial Sanatorium [1]	Oakville, Tenn	J. Mulhern	530	159,305	86	15	2	2	200
Firland Sanatorium [1]	Seattle, Wash	R. Davies	1,921	2,966	67	51	3	3	150
Muirdale Sanatorium [1]	Milwaukee	A. V. Cadden	1,056	866	78	20	1	1	227.20
Wisconsin State Sanatorium [1]	Statesan, Wis	E. F. White	243	...	9	6	1	1	147.50
Leahi Hospital [1]	Honolulu, T.H.	H. H. Walker	972	2,500	50	19	3	3	278

25. RADIOLOGY

The following services are approved by the Council and the American Board of Radiology. As indicated in the column "Type of Training" approval has been extended in diagnostic roentgenology (D. R.); roentgenology (Roent.), including diagnostic and therapeutic; therapeutic radiology (Ther. Rad.), and radiology (Rad.), including roentgenology and therapeutic radiology.

Hospitals, 370 Assistant Residencies and Residencies, 1143

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-ray Examinations	Number of Deep X-ray Treatments	Number of Superficial X-ray Treatments	Number of Radium Treatments	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY											
Letterman Army Hospital*	San Francisco, Calif	E. A. Lodmell	Roent.	42,946	3,064	612	24	..	3	3	...
Fitzsimons Army Hospital*	Denver, Colo	F. Y. Leaver	Roent.	79,105	3,492	935	48	1	6	3	...
Army Medical Center*[27]	Washington, D.C	H. I. Amory	Rad.	66,267	8,013	5,368	295	2	6	3	...
Brooke Army Center*[28]	San Antonio, Tex	C. A. Craig	D.R.	67,352	3,902	193	113	..	..	3	...
Tripler Army Hospital*	Honolulu, T.H.	A. O. Haff	Roent.	45,310	416	700	1	..	..	3	...
UNITED STATES NAVY											
U. S. Naval Hospital*	Oakland, Calif	O. E. Bentel	Roent.	35,269	1,897	647	2	..	2	1	...
U. S. Naval Hospital*	San Diego, Calif	R. C. Douthat	Rad.	53,406	...	...	128	2	2	3	...
U. S. Naval Hospital*	Great Lakes, Ill	K. H. Vinnedge	D.R.	19,338	661	330	...	..	..	1	...
U. S. Naval Hospital*[1]	Bethesda, Md	M. W. Mason	Roent.	23,340	1,083	164	15	2	2	2	...
U. S. Naval Hospital*[1]	Chelsea, Mass	A. H. Staderman	Roent.	19,832	1,290	97	10	1	2	2	...
U. S. Naval Hospital*[1]	St. Albans, N.Y	S. F. Williams	Roent.	20,520	1,464	589	...	..	..	3	...
U. S. Naval Hospital*	Philadelphia	L. Gartenlaub	Roent.	4,076	3,251	255	...	..	..	2	...
UNITED STATES PUBLIC HEALTH SERVICE											
U. S. Public Health Service Hospital*[1]	New Orleans, La	A. Mayoral	D.R.	29,050	290	...	...	1	2	2	...
U. S. Public Health Service Hospital*[1]	Baltimore, Md	E. K. Reid	Ther.								...
			Rad.	38,000	3,786	886	66	1	3	1	...
U. S. Public Health Service Hospital*[1]	Staten Island, N.Y	W. M. Sennott	Roent.	35,088	2,278	508	10	1	3		...
FEDERAL SECURITY AGENCY											
Freedmen's Hospital*[1]	Washington, D.C	C. W. Kelley	Rad.	16,180	84	106	26	..	2	3	...
VETERANS ADMINISTRATION											
Veterans Admin. Hospital [1]	Tuskegee, Ala	J. J. Peters	D.R.	10,515	...	...	...	1	1	3	...
Veterans Admin. Hospital*[1]	Long Beach, Calif	F. Isaac	Roent.	101,060	2,346	1,570	...	3	6	2	...
Veterans Admin. Hospital*[1]	Los Angeles	C. W. McClanahan	Rad.	67,487	12,266	3,002	95	3	7	3	...
Veterans Admin. Hospital [1]	San Francisco	W. W. Saunders	D.R.	16,995	3,029	236	10	1	3	1	...
Veterans Admin. Hospital [1]	Fort Logan, Colo	C. F. Ingersoll	D.R.	10,131	3,492	935	48	3	6	1	...
Veterans Admin. Hospital*	Newington, Conn	A. B. Skorneck	D.R.	14,760	...	...	...	1	2	2	...
Veterans Admin. Hospital [1]	Washington, D.C	S. R. Bernsack	Roent.	12,087	1,845	279	32	..	3	2	...
Veterans Admin. Hospital*[1]	Chamblee, Ga	A. E. Willis	Roent.	2,830	6,342	757	12	1	3	2	...
Veterans Admin. Hospital [1]	Hines, Ill	F. L. Hussey	Rad.	70,992	20,236	1,671	306	..	12	3	...
Veterans Admin. Hospital [1]	Indianapolis	M. M. Manalan	Roent.	16,879	2,200	235	20	2	4	2	...
Veterans Admin. Hospital [1]	Des Moines, Ia	P. J. Trier	Roent.	30,991	2,079	421	2	..	1	2	...
Veterans Admin. Hospital [1]	Wadsworth, Kan	A. Wolkin	D.R.	34,277	2,154	225	8	2	6	1	...
Veterans Admin. Hospital [1]	Louisville, Ky		See University of Louisville Hospitals								...
Veterans Admin. Hospital	New Orleans, La	C. P. Oderr	D.R.	24,500	1,702	311	5	2	4	2	...
Veterans Admin. Hospital [1]	Fort Howard, Md	J. T. Brackin, Jr	D.R.	13,702	1,422	25	...	..	2	1	...
Veterans Admin. Hospital	Boston (West Roxbury)	E. Wissing	Roent.	17,117	5,206	322	6	2	2	2	...
Veterans Admin. Hospital [1]	Framingham, Mass	D. Kornblum	D.R.	23,400	...	100	...	3	3	1	...
Veterans Admin. Hospital [1]	Dearborn, Mich	E. E. Levine	Roent.	35,205	4,035	504	1	..	4	2	...
Veterans Admin. Hospital [1]	Minneapolis	B. J. O'Loughlin	Roent.	39,191	3,948	1,149	32	6	6	3	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo	S. Kamberg	Roent.	24,751	4,383	413	99	1	5	1	...
Veterans Admin. Hospital [1]	Brooklyn	W. Schlein	D.R.	16,557	...	1,638	...	1	3	1	...
Veterans Admin. Hospital [1]	New York City	H. G. Jacobson	Rad.	82,893	12,990	1,058	20	3	7	3	...
Veterans Admin. Hospital [1]	Cleveland	M. D. Sachs	Rad.	35,259	5,184	807	13	2	6	3	...
Veterans Admin. Hospital	Dayton, Ohio	F. C. Barald	D.R.	37,875	1,042	55	11	1	1	1	...
Veterans Admin. Hospital*[1]	Oklahoma City	S. M. Glasser	D.R.	7,100	...	30	...	1	1	1	...
Veterans Admin. Hospital	Portland, Ore	K. Hardesty	Roent.	20,596	4,941	348	6	..	1	3	...
Veterans Admin. Hospital	Aspinwall, Pa	G. H. Alexander	Roent.	22,464	5,978	394	5	..	5	3	...
Veterans Admin. Hospital	Columbia, S.C		D.R.							1	...
Veterans Admin. Hospital [1]	Memphis, Tenn	W. H. Mendel	Rad.	63,595	4,080	416	48	2	6	2	...
Veterans Admin. Hospital*	Nashville, Tenn	K. R. Deibert	Roent.	41,607	2,982	310	23	2	4	2	...
Veterans Admin. Hospital [1]	Dallas, Tex	J. J. Sazama	Rad.	14,338	1,809	192	32	1	3	3	...
Veterans Admin. Hospital*[1]	McKinney, Tex	B. K. Lovell	Rad.	28,539	3,896	661	71	2	3	2	...
Veterans Admin. Hospital*	Salt Lake City, Utah		See University of Utah Affiliated Hospitals								...
Veterans Admin. Hospital	White River Jct., Vt	N. W. Loud	Roent.	32,495	882	60	2	1	2	1	...
Veterans Admin. Hospital*[1]	Richmond, Va	S. Richman	Roent.	29,201	3,195	959	1	1	3	2	...
Veterans Admin. Hospital [1]	Milwaukee	T. J. Pfeffer	Roent.	38,180	2,532	338	15	3	3	1	...
NONFEDERAL											
Jefferson-Hillman Hospital*	Birmingham, Ala	B. M. Carter	Rad.	26,512	6,316	563	94	1	3	3	50
Memorial Hospital*[1]	Phoenix, Ariz	D. Gain	D.R.	6,558	...	1,372	11	1	1	1	200
University Hospital*[1]	Little Rock, Ark	I. Meschan	Rad.	22,655	8,659	2,731	74	2	6	3	75
San Joaquin General Hospital*[1]	French Camp, Calif	A. M. Cove	Roent.	34,735	...	2,607	44	1	1	2	220
General Hospital of Fresno County*[1]	Fresno, Calif	C. L. Ould	D.R.	16,598	2,759	500	18	1	1	1	206
Seaside Memorial Hospital*[1]	Long Beach, Calif	H. J. Prichard	Rad.	10,711	5,414	...	37	1	1	3	150
Cedars of Lebanon Hospital*[1]	Los Angeles	E. Freedman and H. L. Jaffee	Rad.	18,196	...	...	61	3	3	3	75
Hospital of the Good Samaritan*[1]	Los Angeles	R. T. Taylor	Rad.	17,677	4,478	164	38	1	2	2	150
Los Angeles County Hospital*[1]	Los Angeles	R. A. Carter	Rad.	81,998	7,001	2,334	520	8	8	3	165
Queen of Angels Hospital*[1]	Los Angeles	L. S. Goin	Rad.	10,609	...	4,808	45	1	3	2	100

Numerical and other references will be found on page 462.

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-ray Examinations	Number of Deep X-ray Treatments	Number of Superficial X-ray Treatments	Number of Radium Treatments	First Year Residencies Offered[4]	Total Residencies offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
St. Vincent's Hospital[*]	Los Angeles	K. S. Davis	Rad.	9,543	1,387	...	31	..	1	2	100
White Memorial Hospital[*]	Los Angeles	W. L. Stilson	Rad.	12,027	3,876	969	175	..	4	3	120
Highland Alameda County Hospital[*]	Oakland, Calif	H. H. Jensen	Rad.	16,436	...	...	37	1	2	3	145
Collis P. and Howard Huntington Memorial Hospital[*]	Pasadena, Calif	R. S. Harrison	D.R.	17,439	...	1,711	...	..	1	2	130
Sutter General Hospital	Sacramento, Calif		Rad.							2	...
San Diego County General Hospital[*]	San Diego, Calif	E. Whitehead	Rad.	21,668	2,102	346	73	1	1	2	125
Children's Hospital[*]	San Francisco	G. G. King	Roent.	8,653	1,723	100	26	1	1	1	50
Franklin Hospital[*]	San Francisco	A. J. Williams	Roent.	11,401	...	...	3	1	1	1	100
St. Francis Hospital	San Francisco	A. A. DeLorimier	Roent.	17,752	...	...	58	1	2	1	240
St. Mary's Hospital[*]	San Francisco	C. S. Capp	Roent.	12,100	1,515	385	7	1	1	1	100
Stanford University Hospitals[*]	San Francisco	H. S. Kaplan	Rad.	14,665	3,745	900	50	1	4	3	50
University of California Hospital[*,85]	San Francisco	R. S. Stone	Rad.	23,966	6,113	6,146	117	..	4	3	75
Santa Barbara Cottage Hospital[*]	Santa Barbara, Calif	M. J. Geyman	Rad.	6,561	2,359	456	16	1	3	3	100
Santa Monica Hospital [1]	Santa Monica, Calif	R. L. Smith	Roent.	2,065	6,014	900	25	..	..	2	...
Glockner-Penrose Hospital[*]	Colorado Springs, Colo.	J. A. Del Regato and J. W. McMullen	Ther. Rad.	12,123	5,891	625	..	1	2	1	100
St. Francis Hospital and Sanatorium [1]	Colorado Springs, Colo	V. L. Bolton	D.R.	5,003	2,343	2,758	11	1	1	2	210
Presbyterian Hospital[*]	Denver	K. D. A. Allen	Roent.	7,584			32	1	1	3	65
St. Luke's Hospital[*]	Denver	W. P. Stampfli	Roent.	8,126	1,900	133	9	1	1	2	100
University of Colorado Medical Center											
Colorado General Hospital[*]	Denver	R. R. Lanier	Roent.	28,698	3,144	...	102	2	5	3	75
Denver General Hospital[*]	Denver	E. Salzman	D.R.	27,905	723	...	5	1	2	1	75
Bridgeport Hospital[*]	Bridgeport, Conn	B. M. Parmelee	Rad.	6,729	991	...	95	1	1	2	100
Hartford Hospital[*]	Hartford, Conn	D. J. Roberts and R. T. Ogden	Rad.	28,053	5,536	5,536	57	1	3	3	50
Grace-New Haven Community Hospital											
Grace Unit[*]	New Haven, Conn	R. M. Lowman	Roent.	11,407	...	4,124	25	1	2	2	40
New Haven Unit (University Service)[*]	New Haven, Conn	A. H. Janzen	Roent.	33,904		4,282	203	2	4	3	40
Hospital of St. Raphael[*]	New Haven, Conn	R. Shapiro	Roent.	10,533	1,356	201	69	1	3	2	75
Waterbury Hospital[*]	Waterbury, Conn	S. Blank	Roent.	11,447	1,872			1	1	1	100
Delaware Hospital[*]	Wilmington, Del	W. M. Lattomus	D.R.	38,107	3,840	880	132	1	1	2	130
Central Dispensary and Emergency Hospital[*]	Washington, D.C	J. E. Wissler	Rad.	12,775	2,525	10	26	2	2	3	125
Doctor's Hospital[*]	Washington, D.C	A. C. Christie	Rad.	20,571	8,307	1,830	107	2	6	3	125
Garfield Memorial Hospital[*]	Washington, D.C	A. O. Hampton	Rad.	13,437		4,964	19	1	4	3	75
Georgetown University Hospital[*]	Washington, D.C	W. E. Baensch	Rad.	17,588	3,859	228	13	4	6	3	75
George Washington University Hospital[*]	Washington, D.C	W. W. Stanbro	Roent.	14,814	4,532	238	52	..	4	3	130
Jackson Memorial Hospital[*]	Miami, Fla	H. E. Davis	Rad.	29,042	4,775	...	62	2	4	2	60
Crawford W. Long Memorial Hospital[*]	Atlanta, Ga	J. D. King and W. F. Lake	Rad.	11,798	1,078	550	90	1	1	1	75
Grady Memorial Hospital[*]	Atlanta, Ga	H. S. Weens	Rad.	39,330	5,466	1,995	50	2	6	3	20
Piedmont Hospital[*]	Atlanta, Ga	G. Hrdlicka	D.R.	5,391	653	...		1	1	1	90
University Hospital[*]	Augusta, Ga	L. P. Holmes	Roent.	22,238	2,594	175	218	3	9	3	40
Emory University Hospital[*]	Emory University, Ga.	L. F. Leigh	Rad.	12,112	...	...	118	2	3	3	50
Augustana Hospital[*]	Chicago	D. S. Beilin	Roent.	13,247	2,753	...	...	2	4	3	75
Cook County Hospital[*]	Chicago	G. M. Landau	Rad.	90,516	17,013	918	210	..	3	3	85
Franklin Boulevard Hospital [1,18]	Chicago	J. T. Case and M. Cutler	Ther. Rad.	633	2,894	146	2,585	2	2	1	100
Illinois Masonic Hospital[*]	Chicago	J. H. Gilmore	Roent.	13,140	1,076	...	10	1	2	1	50
Mercy Hospital[*]	Chicago	W. Furey	Rad.	17,251	9,683	150	169	1	2	2	25
Michael Reese Hospital[*]	Chicago	R. A. Arens and E. Uhlmann	Rad.	58,984	7,899	...	2,630	1	3	3	50
Mount Sinai Hospital[*]	Chicago	J. Arendt	Roent.	16,150	4,013	...	...	2	3	2	75
Northwestern University Medical Center [70]											
Passavant Memorial Hospital[*]	Chicago	R. B. Lewis	Roent.	11,412	756	2	25	2	4	3	...
Presbyterian Hospital[*]	Chicago	F. H. Squire	Rad.	45,749	3,623	2,339	47	2	4	3	25
Provident Hospital[*]	Chicago	W. P. Quinn	Rad.	5,243	2,373	...	23	1	1	3	50
Ravenswood Hospital[*]	Chicago	D. L. Jenkinson	Roent.	12,141	1,950	108	...	..	1	3	85
Research and Educational Hospitals[*]	Chicago	R. A. Harvey	Rad.	35,200	11,546	...	93	2	6	3	55
St. Bernard's Hospital[*]	Chicago	B. S. Cushway and E. K. Lewis	Rad.	8,737	2,366	336	249	1	2	2	250
St. Luke's Hospital[*]	Chicago	E. L. Jenkinson	Rad.	32,707	...	...	35	3	6	3	100
University of Chicago Clinics[*]	Chicago	P. C. Hodges	Rad.	28,727	11,772	2,100	125	2	8	3	25
Wesley Memorial Hospital[*]	Chicago	A. Cannon	Rad.	34,294	2,812	185	67	2	4	3	25
Evanston Hospital[*]	Evanston, Ill	R. G. Willy	Rad.	21,536	4,128	588	113	1	3	2	50
St. Francis Hospital[*]	Evanston, Ill	A. C. Ledoux	Roent.	23,642	1,768	177	28	1	2	2	150
Little Company of Mary Hospital[*]	Evergreen Park, Ill	W. W. Furey	D.R.	28,707	1,389	1,470	38	1	1	1	100
St. Francis Hospital[*]	Peoria, Ill	P. R. Dirkse	Roent.	16,834	3,054	1,533	14	..	1	2	100
Clinic Hospital	Bluffton, Ind	W. S. Tinman	Roent.	19,168	2,029	...	44	1	2	2	200
Protestant Deaconess Hospital[*]	Evansville, Ind	A. A. Hobbs, Jr.	Rad.	8,560	3,071	82	33	1	1	1	...
St. Joseph Hospital [1]	Fort Wayne, Ind	C. H. Warfield	Roent.	11,788	2,147	205	...	1	1	2	...
St. Margaret Hospital[*]	Hammond, Ind	J. F. Larrabee	D.R.	11,843	1,418	277	11	1	1	1	175
Indiana University Medical Center[*]	Indianapolis	J. A. Campbell	Rad.	26,843	10,782	108	202	3	7	3	150
Methodist Hospital[*]	Indianapolis	R. C. Schoener	Rad.	32,874	3,623	3,816	48	1	3	3	260
St. Elizabeth Hospital[*]	La Fayette, Ind	D. C. McClelland	Roent.	8,380	1,082	440	75	1	3	2	150
Ball Memorial Hospital[*]	Muncie, Ind	B. W. Stocking	Roent.	10,901	2,535	150	22	1	2	2	150
Iowa Methodist Hospital[*]	Des Moines, Ia	T. A. Burcham	Rad.	8,728	796	88	40	1	2	3	100
University Hospitals[*]	Iowa City	H. D. Kerr	Roent.	61,866	17,681		120	2	6	3	50
University of Kansas Medical Center[*]	Kansas City, Kans	G. Tice	Rad.	68,383	6,536	1,255	154	2	4	3	100
Wesley Hospital[*]	Wichita, Kans	N. C. Nash	Rad.	9,504	4,381	...	22	1	1	1	...
Norton Memorial Infirmary[*]	Louisville, Ky	J. C. Bell	Rad.	8,048	2,587	205	17	1	1	1	100
St. Joseph Infirmary[*]	Louisville, Ky	S. E. Johnson	Rad.	13,497	7,305	756	114	1	3	3	150
University of Louisville Hospitals			Rad.							3	...
Louisville General Hospital[*]	Louisville, Ky	E. L. Pirkey		33,097	...	...	36	1	4	..	45
Veterans Admin. Hospital [1]	Louisville, Ky	D. Shapiro		31,242	2,933	146	129	1	3	..	...
Baptist Hospital[*]	Alexandria, La	H. O. Barker	Rad.	5,423	3,592	...	389	1	1	3	...
Charity Hospital of Louisiana[*]	New Orleans	M. Garcia	Rad.	131,662	8,339	5,754	517	4	12	3	25
Ochsner Foundation Hospital[*]	New Orleans	E. H. Little	Rad.	71,887	4,292	...	...	1	3	3	125
Southern Baptist Hospital[*]	New Orleans	L. J. Bristow, Jr.	Rad.	16,635				1	3	3	125
Touro Infirmary[*]	New Orleans	A. R. Payzant	Rad.	20,009	3,016	262	42	1	3	3	17
Shreveport Charity Hospital[*]	Shreveport, La	G. M. Riley	Rad.	22,797	11,012	1,098	106	1	3	3	60
Eastern Maine General Hospital[*]	Bangor, Me	H. A. Smith	Roent.	12,368	3,906	...	14	1	1	2	100
Maine General Hospital[*]	Portland, Me	J. Spencer	Rad.	17,723	3,394	105	60	1	1	3	100
Baltimore City Hospitals[*]	Baltimore	J. DeCarlo, Jr.	D.R.	25,100	...	...	188	1	4	1	15
Johns Hopkins Hospital[*,44]	Baltimore	R. H. Morgan	Rad.	66,550	11,363	...	214	..	6	3	41.66
Sinai Hospital[*]	Baltimore	J. O. Salik	Roent.	14,191	1,357	...	36	1	3	1	35
Union Memorial Hospital[*]	Baltimore	W. B. Firor	D.R.	11,209	...	...	...	1	1	1	40
University Hospital[*]	Baltimore	W. L. Kilby	Rad.	37,910	5,634	...	221	2	4	3	...
Beth Israel Hospital[*]	Boston	S. A. Robins and F. Fleischner	Roent.	17,516	2,214	237	9	2	3	2	41.66

Numerical and other references will be found on page 462.

V 1
195

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-ray Examinations	Number of Deep X-ray Treatments	Number of Superficial X-ray Treatments	Number of Radium Treatments	First Year Residencies Offered*	Total Residencies of Approved Program (Years)	Length of Approved Program (Years)	Beginning Stipend (Month)
Boston City Hospital*[1]	Boston	M. Ritvo	Rad.	119,374	...	...	65	...	7	3	140
Children's Hospital*	Boston	E. B. D. Neuhauser	Roent.	22,783	...	...	...	2	2	2	42
Faulkner Hospital*	Boston	L. E. Hawes	Roent.	7,155	785	85	...	1	1	2	100
Lahey Clinic	Boston	H. F. Hare	Rad.	54,884	8,204	117	11	1	3	3	110
Massachusetts General Hospital*	Boston	L. L. Robbins	Rad.	46,149	14,968	1,547	227	2	6	3	41.66
Massachusetts Memorial Hospital*[1]	Boston	G. Levene	Roent.	12,215	1,828	206	17	1	3	3	75
New England Center Hospital*[1]	Boston	A. Ettinger	Roent.	26,082	505	...	127	...	2	2	100
New England Deaconess Hospital [1]	Boston	J. H. Marks	Rad.	18,993	...	...	76	1	3	3	150
Peter Bent Brigham Hospital*	Boston	M. C. Sosman	Rad.	23,777	2,627	...	8	2	9	3	40
St. Elizabeth's Hospital*[1]	Boston	W. A. Carey	D.R.	9,510	...	...	6	1	1	1	125
Cambridge City Hospital*[1]	Cambridge, Mass	F. W. O'Brien	Rad.	11,949	...	...	6	...	2	1	125
Mount Auburn Hospital*[1]	Cambridge, Mass	R. Schatzki	Roent.	16,096	1,929	47	6	1	1	1	125
Lynn Hospital*[1]	Lynn, Mass	H. A. Osgood	Roent.	15,851	2,022	675	15	1	1	3	...
Newton-Wellesley Hospital*[1]	Newton Lower Falls, Mass	C. Liebman	Roent.	11,881	...	...	12	1	2	1	100
Salem Hospital*[1]	Salem, Mass	S. A. Wilson	Roent.	12,066	...	...	18	1	3	3	85
Memorial Hospital*[1]	Worcester, Mass	W. J. Elliott	Roent.	10,557	2,109	100	5	1	1	1	125
St. Joseph's Mercy Hospital*[1]	Ann Arbor, Mich	S. W. Donaldson	Rad.	18,961	1,211	819	39	1	3	3	125
University Hospital*[1]	Ann Arbor, Mich	F. J. Hodges	Rad.	47,733	11,439	1,170	244	4	17	3	124
Leila Y. Post Montgomery Hospital*[1]	Battle Creek, Mich	S. P. Barden	Rad.	8,971	1,222	229	32	1	1	3	125
Children's Hospital [1]	Detroit	W. A. Evans	D.R.	20,433	30	...	...	...	1	1	100
City of Detroit Receiving Hospital*[1]	Detroit	I. D. Harris	D.R.	46,688	...	...	...	2	4	2	217
Grace Hospital*	Detroit	H. A. Jarre	Rad.	28,790	6,108	...	31	1	3	3	225
Harper Hospital*[1]	Detroit	L. Reynolds	Roent.	27,101	17,710	...	990	3	9	3	205
Henry Ford Hospital*[1]	Detroit	H. P. Doub	Rad.	55,605	4,780	2,625	112	2	6	3	225
Herman Kiefer Hospital [1]	Detroit	C. C. Birkelo	D.R.	62,075	...	84	...	...	1	1	309
Mt. Carmel Mercy Hospital*[1]	Detroit	J. M. Grace	Roent.	22,941	...	...	...	1	3	2	125
Providence Hospital*	Detroit	W. A. Irwin	Rad.	20,858	3,499	170	160	1	3	3	200
Wayne County General Hospital and Infirmary*[1]	Eloise, Mich	J. Zbikowski	Rad.	23,510	2,679	136	21	1	2	1	252
Hurley Hospital*	Flint, Mich	D. R. Limbach	Rad.	28,165	5,636	1,203	119	...	2	3	164
Blodgett Memorial Hospital*	Grand Rapids, Mich	H. C. Jones	Roent.	9,993	...	3,821	64	1	2	2	200
Butterworth Hospital*[1]	Grand Rapids, Mich	R. J. McCandless	Rad.	18,353	2,453	160	72	1	3	1	125
Hackley Hospital*	Muskegon, Mich	L. E. Holly	Rad.	11,976	3,727	...	27	1	3	3	150
Northwestern Hospital*[1]	Minneapolis	C. O. Hansen	Rad.	9,837	9,818	559	...	1	3	3	200
Swedish Hospital*[1]	Minneapolis	G. T. Nordin and L. C. Idstrom	Rad.	19,741	4,376	493	71	1	2	3	158
University of Minnesota Hospitals*[1]	Minneapolis	L. Rigler	Rad.	74,345	8,171	1,066	252	1	1	3	...
Mayo Foundation	Rochester, Minn	B. R. Kirklin	Rad.	...	...	...	...	4	14	3	135
Charles T. Miller Hospital [1]	St. Paul, Minn	H. O. Peterson	Rad.	10,611	...	6,655	...	...	2	3	115
St. Joseph's Hospital [1]	St. Paul, Minn	J. P. Medelman	Roent.	11,047	...	...	26	1	1	1	125
Kansas City General Hospital No. 1*	Kansas City, Mo	E. H. Stratemeier	Roent.	24,245	2,058	361	48	1	3	2	75
Kansas City General Hospital No. 2*	Kansas City, Mo	I. Lockwood	D.R.	18,201	...	...	8	1	1	3	...
Menorah Hospital Medical Center*[1]	Kansas City, Mo	D. S. Dana	Rad.	9,585	1,335	445	36	1	1	1	150
Research Hospital*[1]	Kansas City, Mo	I. Lockwood	Rad.	57,024	11,344	1,269	1,288	1	3	3	150
St. Joseph Hospital*	Kansas City, Mo	C. E. Virden	Rad.	12,845	...	...	97	...	...	3	...
St. Luke's Hospital*	Kansas City, Mo	L. A. Scarpellini	Roent.	10,125	...	1,646	25	1	2	2	150
Barnard Free Skin and Cancer Hospital	St. Louis	E. C. Ernst	Ther.								
			Rad.	1,505	6,660	761	151	1	1	1	125
Barnes Hospital*	St. Louis	H. Wilson	Rad.	57,250	11,394	...	258	...	8	3	...
De Paul Hospital*	St. Louis	E. C. Ernst	Rad.	8,239	1,288	75	55	1	2	2	...
Homer G. Phillips Hospital*[1]	St. Louis	W. E. Allen, Jr	Rad.	22,347	105	25	70	2	2	3	132.80
Jewish Hospital*[1]	St. Louis	P. C. Schnoebelen	Rad.	13,723	5,499	345	75	...	1	2	100
St. Louis City Hospital*[1]	St. Louis	D. Weir	Rad.	46,340	...	3,009	160	1	3	3	123
St. Luke's Hospital*	St. Louis	O. C. Zink	Roent.	8,633	1,736	109	139	1	1	3	200
St. Mary's Group of Hospitals*[1]	St. Louis	L. Sante	Rad.	25,603	2,856	586	104	1	3	3	35
Creighton Memorial-St. Joseph's Hospital*[1]	Omaha	J. F. Kelly, Sr	Rad.	30,497	3,350	253	35	1	3	3	100
Nebraska Methodist Hospital*[1]	Omaha	H. B. Hunt	Rad.	8,280	4,490	911	91	...	1	3	125
University of Nebraska Hospital*[1]	Omaha	H. B. Hunt	Rad.	10,359	...	...	3,777	1	4	3	125
Mary Hitchcock Memorial Hospital*[1]	Hanover, N.H.	W. C. MacCarthy, Jr	Rad.	16,990	2,175	739	106	1	3	3	163
Atlantic City Hospital*	Atlantic City, N.J.	R. A. Bradley	Roent.	9,320	3,898	420	64	1	1	2	150
Cooper Hospital*[1]	Camden, N.J.	P. D. Gilbert	Roent.	20,739	6,946	463	50	1	1	1	83.33
Jersey City Hospital*[1]	Jersey City, N.J.	H. J. Perlberg	Rad.	38,576	...	11,584	210	2	4	2	35
Hospital of St. Barnabas and For Women and Children*[1]	Newark, N.J.	P. J. Gianquinto	Roent.	6,916	2,434	349	21	1	2	2	100
Newark Beth Israel Hospital*[1]	Newark, N.J.	N. J. Furst	Rad.	28,651	5,304	...	109	1	1	3	100
Orange Memorial Hospital*[1]	Orange, N.J.	W. H. Seward	Roent.	15,868	...	...	40	1	1	1	100
Mercer Hospital*[1]	Trenton, N.J.	M. P. Mains	Roent.	6,084	203	...	136	1	1	3	150
Albany Hospital*[1]	Albany, N.Y.	J. F. Roach	Roent.	24,949	3,157	62	130	1	3	2	50
Brooklyn Cancer Institute [1]	Brooklyn	W. E. Howes	Ther.								
			Rad.	7,758	12,649	240	297	...	4	3	80
Brooklyn Hospital*[1]	Brooklyn	J. H. Wentworth	Rad.	12,323	1,872	...	86	1	3	3	25
Jewish Hospital*[1]	Brooklyn	M. G. Wasch	Rad.	35,031	2,494	290	49	...	4	3	50
Kings County Hospital*[1]	Brooklyn	B. Ehrenpreis	Rad.	13,912	13,639	2,040	169	3	5	3	...
Long Island College Hospital*	Brooklyn	A. L. L. Bell	Rad.	19,092	2,720	666	93	1	3	3	25
Maimonides Hospital*[1]	Brooklyn	M. Slobodkin	D.R.	20,022	1,349	...	6	1	2	2	75
Methodist Hospital*[1]	Brooklyn	G. C. Cramp	Roent.	12,305	1,005	153	40	1	2	2	25
Buffalo General Hospital*	Buffalo	G. J. Culver	Roent.	22,980	6,296	632	124	1	1	3	25
Deaconess Hospital*[1]	Buffalo	R. E. Seibel	Roent.	14,725	1,992	205	...	1	3	2	125
Edward J. Meyer Memorial Hospital*[1]	Buffalo	E. G. Eschner	Roent.	34,852	2,390	538	61	1	3	3	100
Roswell Park Memorial Institute [1]	Buffalo	W. T. Murphy	Ther.								
			Rad.	7,406	11,593	3,567	542	...	3	3	272.50
Clifton Springs Sanitarium and Clinic [1]	Clifton Springs, N.Y.	G. H. Brown	D.R.	4,170	686	...	19	1	2	1	100
Meadowbrook Hospital*	Hempstead, N.Y.	H. R. Zatskin	Roent.	11,240	4,856	24	50	1	2	1	135
Queens General Hospital*[1]	Jamaica, N.Y.	I. S. Starrs and L. Goldman	Roent.	32,431	4,958	1,323	66	2	4	3	80
Charles S. Wilson Memorial Hospital*[1]	Johnson City, N.Y.	B. D. Jay	Rad.	15,379	1,731	340	75	1	2	2	150
Mount Vernon Hospital*[1]	Mount Vernon, N.Y.	L. M. Bond	Roent.	9,450	705	776	...	1	1	2	125
New Rochelle Hospital*[1]	New Rochelle, N.Y.	J. F. Miller	Roent.	12,158	2,125	21	5	1	2	2	125
Bellevue Hospital, Div. III, New York University*[1]	New York City	I. I. Kaplan	Ther.								
			Rad.	135,322	10,582	698	578	15	15	2	50
Bellevue Hospital, Div. IV, New York University*[1]	New York City	L. J. Friedman	D.R.	135,322	...	...	...	10	10	1	50
Beth Israel Hospital*[1]	New York City	A. J. Bendick	Roent.	12,296	3,079	104	13	3	3	3	50
Bronx Hospital*[1]	New York City	W. Snow	Roent.	13,725	2,036	374	10	1	2	2	75
Doctors Hospital [1]	New York City	A. J. Tillinghast	D.R.	5,907	...	...	115	1	1	1	200
Flower and Fifth Avenue Hospitals*[1]	New York City	F. J. Borrelli	Rad.	14,153	2,438	220	26	2	3	3	...
French Hospital*[1]	New York City	E. M. Claiborne	Roent.	12,175	1,581	...	...	1	2	2	100
Goldwater Memorial Hospital*[1]	New York City	H. K. Taylor	D.R.	13,471	119	15	...	2	3	1	80
Harlem Hospital*[1]	New York City	W. Snow	D.R.	66,631	4,857	1,700	67	2	2	2	80
Hospital for Joint Diseases*[1]	New York City	M. M. Pomeranz	Rad.	22,047	1,656	259	19	1	3	3	40
Lenox Hill Hospital*	New York City	F. H. Ghiselin	Roent.	21,193	4,733	191	9	1	2	3	50
Lincoln Hospital*[1]	New York City	E. Kraft	Roent.	27,255	714	...	14	...	2	2	...

Numerical and other references will be found on page 462.

147
51

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-ray Examinations	Number of Deep X-ray Treatments	Number of Superficial X-ray Treatments	Number of Radium Treatments	First Year Residences Offered[8]	Total Residences offered[8]	Length of Approved Program (Years)	Beginning Salary[8] (Month)
Memorial Hospital[1]	New York City	R. Sherman	Rad.	39,687	40,769	...	518	..	9	2	80
Montefiore Hospital for Chronic Diseases*[1]	New York City	J. Schwartzman and J. R. Fried	Rad.	27,887	...	6,903	36	4	6	3	60
Morrisania City Hospital*[1]	New York City	S. F. Weitzner	Rad.	23,781	3,012	329	45	1	2	2	80
Mount Sinai Hospital*[1]	New York City	B. S. Wolf	Rad.	43,569	7,941	11,799	58	6	6	3	50
New York City Hospital*[1]	New York City	A. Bachman	D.R.	17,383	...	63	...	1	1	2	130
New York Hospital*[1]	New York City	R. P. Ball	Rad.	71,859	8,170	1,782	160	5	9	3	25
New York Polyclinic Medical School and Hospital*[1]	New York City	W. H. Shehadi	Roent.	9,823	1,694	623	27	1	2	2	75
Presbyterian Hospital*[1]	New York City	R. Golden	Rad.	81,302	...	18,751	161	4	12	3	208
Roosevelt Hospital*[1]	New York City	C. Smith	Rad.	29,883	...	3,250	129	1	3	3	...
St. Luke's Hospital*[1]	New York City	I. F. Rempel	Rad.	32,769	4,243	313	50	1	3	3	60
St. Vincent's Hospital*[1]	New York City	F. F. Ruzicka	Rad.	25,889	2,122	10	37	1	2	1	50
Sydenham Hospital*[1]	New York City	J. Mosdley	Roent.	7,776	137	24	10	1	1	1	140
University Hospital*	New York City	C. Gottlieb	Rad.	14,676	...	...	481	1	4	3	80
United Hospitals*[1]	Port Chester, N.Y.	T. S. West	Roent.	7,447	2,912	...	8	1	2	1	150
Genesee Hospital*[1]	Rochester, N.Y.	G. Baron	Rad.	19,202	1,825	321	12	1	1	1	42.50
Rochester General Hospital*[1]	Rochester, N.Y.	E. F. Merrill	Roent.	19,689	7,512	...	16	1	3	3	55
St. Mary's Hospital*[1]	Rochester, N.Y.	A. V. Winchell and H. Forsyth	Roent.	17,145	...	1,788	56	1	3	2	125
Strong Memorial-Rochester Municipal Hospitals*[1, 71]	Rochester, N.Y.	G. H. Ramsey	Rad.	24,326	4,291	1,095	200	3	9	3	41.66
Ellis Hospital*[1]	Schenectady, N.Y.	K. L. Mitton	Roent.	12,442	1,265	...	10	1	1	1	125
Sea View Hospital[1]	Staten Island, N.Y.	A. V. Shapiro	D.R.	19,000	...	...	...	1	1	1	140
State University Medical Center											
Crouse Irving Hospital*[1]	Syracuse, N.Y.	C. F. Potter	Roent.	7,022	525	75	...	1	1	2	125
Syracuse Memorial Hospital*[1]	Syracuse, N.Y.	P. A. Riemenschneider	Rad.	11,689	...	...	50	..	1	3	125
Grasslands Hospital*[1]	Valhalla, N.Y.	A. G. Debbie	Roent.	17,883	1,543	1,411	17	1	3	3	125
Charlotte Memorial Hospital*[1]	Charlotte, N.C.	W. C. A. Sternbergh	Roent.	12,122	1,453	67	34	1	1	1	100
Duke Hospital*[1]	Durham, N.C.	R. J. Reeves	Rad.	101,291	10,096	1,072	327	3	6	3	...
Watts Hospital*[1]	Durham, N.C.	W. W. Vaughan	Rad.	14,619	4,805	6,381	78	1	2	3	50
North Carolina Baptist Hospital*[1]	Winston-Salem, N.C.	J. R. Andrews	Rad.	18,881	2,695	121	29	2	4	3	41.66
Bismarck Hospital	Bismarck, N.D.	H. M. Berg	Rad.	22,263	2,530	909	53	2	6	3	300
City Hospital*[1]	Akron, Ohio	J. T. Moore	Rad.	44,533	10,875	413	97	1	3	3	140
Peoples Hospital*	Akron, Ohio	E. L. Voke	Rad.	10,984	...	...	39	1	3	3	100
Aultman Hospital*[1]	Canton, Ohio	S. Larson	Rad.	22,095	...	...	26	1	1	1	...
Mercy Hospital*[1]	Canton, Ohio	J. J. Douglas	D.R.	9,414	278	143	79	1	3	3	125
Cincinnati General Hospital*[1]	Cincinnati	B. F. Felson	Rad.	37,910	7,615	416	72	5	7	3	...
Good Samaritan Hospital*[1]	Cincinnati	J. E. McCarthy	Rad.	19,794	3,147	...	94	1	3	2	155
Jewish Hospital*[1]	Cincinnati	A. Fine	Rad.	16,333	2,008	62	46	1	2	3	60
City Hospital*[1]	Cleveland	H. Hauser	Rad.	29,207	4,196	2,101	123	2	6	3	67
Cleveland Clinic Hospital[1]	Cleveland	C. R. Hughes and U. V. Portmann	Rad.	62,776	8,420	2,041	301	4	24	3	...
Lutheran Hospital*[1]	Cleveland	J. A. Groh	Roent.	9,183	3,699	56	12	..	1	3	50
Mount Sinai Hospital*[1]	Cleveland	H. A. Mahrer	Roent.	16,350	...	...	15	1	3	3	100
St. Luke's Hospital*[1]	Cleveland	D. D. Brannan	Rad.	25,359	...	...	40	1	3	3	100
St. Vincent Charity Hospital*[1]	Cleveland	E. J. O'Malley	Rad.	14,768	1,982	...	37	2	2	3	75
University Hospitals*[1]	Cleveland	H. L. Friedell	Rad.	33,254	6,029	1,252	232	2	5	3	...
Ohio State University Hospital*[1]	Columbus, Ohio	H. J. Means	Rad.	26,942	...	...	139	2	6	3	50
Miami Valley Hospital*[1]	Dayton, Ohio	G. A. Nicoll	Rad.	16,945	2,408	...	45	1	3	3	75
St. Elizabeth's Hospital*[1]	Dayton, Ohio	J. G. Tye	Rad.	11,311	1,040	...	16	1	1	3	250
St. Vincent's Hospital*[1]	Toledo, Ohio	C. E. Hufford	D.R.	23,673	...	...	20	1	1	1	125
St. Elizabeth's Hospital*[1]	Youngstown, Ohio	S. T. Tamarkin	Roent.	17,065	1,712	175	18	1	1	1	200
Youngstown Hospital*[1]	Youngstown, Ohio	E. C. Baker	Rad.	15,213	6,588	1,197	38	1	2	3	75
University Hospitals*[1]	Oklahoma City	W. E. Russo	Rad.	22,652	12,418	2,482	...	5	5	3	50
St. Vincent's Hospital*[1]	Portland, Ore	S. E. Rees	Roent.	11,799	2,175	...	22	1	3	3	100
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore	W. Y. Burton	Rad.	39,617	4,594	...	35	1	3	3	85
Abington Memorial Hospital*[1]	Abington, Pa.	J. D. D. Zulick	Roent.	16,835	...	...	61	1	2	3	50
Bryn Mawr Hospital*[1]	Bryn Mawr, Pa.	R. S. Bromer	Rad.	15,826	4,507	114	42	1	2	3	80
George F. Geisinger Memorial Hospital*[1]	Danville, Pa.	C. L. Hinkel	Rad.	13,912	1,657	457	46	1	3	3	100
St. Vincent's Hospital*	Erie, Pa.		Rad.	11,360	994	49	32	..	..	3	50
American Oncologic Hospital[1]	Philadelphia	S. G. Castigliano	Ther.								
			Rad.	1,665	5,698	3	86	2	2	3	150
Episcopal Hospital*[1]	Philadelphia	D. A. Sampson	Rad.	14,940	632	99	52	1	2	3	50
Frankford Hospital*[1]	Philadelphia	M. T. Woodruff	D.R.	9,356	318	59	24	1	1	1	200
Germantown Dispensary and Hospital*[1]	Philadelphia	B. R. Young	Rad.	17,160	2,600	700	50	1	3	3	50
Graduate Hospital of the Univ. of Pennsylvania*[1]	Philadelphia	A. Finkelstein	Rad.	21,183	...	...	6	10	3	3	...
Hahnemann Hospital*[1]	Philadelphia	J. S. Lehman	Rad.	27,598	2,934	178	495	2	5	3	50
Hospital of the University of Pennsylvania*[1]	Philadelphia	E. P. Pendergrass	Rad.	110,601	20,600	4,224	216	7	21	3	...
Hospital of the Woman's Medical College of Pennsylvania*[1]	Philadelphia	J. H. Vastine, II	Roent.	8,134	1,388	222	46	1	2	3	60
Jeanes Hospital[1]	Philadelphia	E. Pendergrass	Ther.								
			Rad.	3,510	1,250	188	8	..	1	2	110
Jefferson Medical College Hospital*[1]	Philadelphia	P. C. Swenson	Rad.	53,143	8,021	7,000	691	14	14	3	...
Jewish Hospital*[1]	Philadelphia	J. Gershon-Cohen	Rad.	21,500	3,638	793	53	3	3	3	100
Mercy-Douglass Hospital*[1]	Philadelphia	R. F. Minton	D.R.	5,205	...	12	...	..	..	..	...
Mount Sinai Hospital*[1]	Philadelphia	H. J. Isard	Rad.	15,888	2,004	250	78	2	2	2	50
Nazareth Hospital*	Philadelphia	J. S. Fetter	Roent.	13,230	1,060	584	20	1	1	2	100
Pennsylvania Hospital*	Philadelphia		Rad.	15,611	2,209	369	117	1	2	3	20
Philadelphia General Hospital*[1]	Philadelphia	B. P. Widmann	Rad.	36,033	9,651	369	190	3	8	3	75
Presbyterian Hospital*[1]	Philadelphia	E. L. Lame	Rad.	9,548	5,005	330	52	1	3	3	25
Temple University Hospital*[1]	Philadelphia	W. E. Chamberlain	Rad.	33,993	5,697	83	29	4	12	3	50
Mercy Hospital*[1]	Pittsburgh	J. A. L. McCullough	Rad.	27,959	6,045	...	180	..	..	3	100
Montefiore Hospital*[1]	Pittsburgh	M. Goldsmith	Roent.	10,993	2,604	216	...	2	2	3	50
St. Francis Hospital*[1]	Pittsburgh		Roent.	38,073	2,833	28	33	..	..	3	...
Pittsburgh Medical Center [76]	Pittsburgh	G. W. Grier	Rad.	9,932	1,800	...	...	..	..	3	...
Western Pennsylvania Hospital*[1]	Pittsburgh	R. G. Alley	Rad.	12,794	3,220	559	59	..	1	3	41.66
Reading Hospital*[1]	Reading, Pa.	G. W. Chamberlain	Rad.	14,084	...	...	70	..	4	3	100
St. Joseph's Hospital*	Reading, Pa.	W. Werley	Roent.	7,970	1,475	632	23	1	1	1	150
Robert Packer Hospital*[1]	Sayre, Pa.	S. P. Perry	Rad.	23,729	4,280	180	23	..	3	3	150
Sharon General Hospital	Sharon, Pa.	H. A. Steiner	Roent.	9,456	...	...	30	0	1	1	250
Chester County Hospital	West Chester, Pa.	J. Gershon-Cohen	Roent.	10,609	1,975	662	6	1	1	1	...
Rhode Island Hospital*[1]	Providence, R.I.	L. A. Martineau	Roent.	27,968	3,101	887	88	1	2	3	60
Roger Williams General Hospital*	Providence, R.I.	R. R. Hunt	Roent.	8,351	1,960	925	81	..	1	2	200
Roper Hospital*[1]	Charleston, S.C.	H. S. Petit	Roent.	16,565	4,562	78	39	1	3	1	50
Columbia Hospital*[1]	Columbia, S.C.	G. W. Smith, Jr.	Roent.	26,156	4,088	...	32	1	1	1	125
Spartanburg General Hospital*[1]	Spartanburg, S.C.	H. E. Plenge	Rad.	8,757	2,592	365	63	..	1	2	200
Baptist Memorial Hospital*	Memphis	J. E. Whiteleather	Roent.	13,627	...	...	313	..	1	3	75
John Gaston Hospital*	Memphis	D. S. Carroll	Rad.	33,178	2,491	227	75	..	4	3	35
Methodist Hospital*	Memphis	J. C. King	Roent.	17,725	4,022	958	...	1	3	3	75
Vanderbilt University Hospital*[1]	Nashville, Tenn.	C. C. McClure	Rad.	18,913	2,292	143	58	..	..	3	25

Numerical and other references will be found on page 462.

V 1
195

25. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Number of X-ray Examinations	Number of Deep X-ray Treatments	Number of Superficial X-ray Treatments	Number of Radium Treatments	First Year Residences Offered[8]	Total Residences Offered[8]	Length of Approved Program (Years)	Beginning Stipend (Month)
Baylor University Hospital*[1]	Dallas, Tex.	J. E. Miller	Rad.	12,314	5,088	...	89	2	6	3	50
Methodist Hospital*[1]	Dallas, Tex.	R. H. Millwee	D.R.	10,298	554	686	30	1	1	1	100
Parkland Hospital*[1]	Dallas, Tex.	R. Clayton	Rad.	23,533	1,542	50	121	1	3	3	...
St. Paul's Hospital*[1]	Dallas, Tex.	G. D. Carlson	Roent.	5,747	1,941	....	2,013	1	1	1	100
University of Texas Medical Branch Hospitals*[1]											
John Sealy Hospital	Galveston, Tex.	J. C. Rude	Rad.	52,840	...	...	87	2	6	3	50
Hermann Hospital*[1]	Houston, Tex.	L. M. Vaughan	Rad.	26,067	4,003	237	42	2	2	1	75
M. D. Anderson Hospital for Cancer Research [1]	Houston, Tex.	G. Fletcher	Ther.								
			Rad.	5,744	12,880	3,840	235	..	4	1	150
Methodist Hospital*[1]	Houston, Tex.	C. H. Burge	Roent.	7,490	...	...	13	..	..	1	...
St. Joseph's Infirmary*	Houston, Tex.	P. E. Wigby	Rad.	27,389	3,490	10	79	1	3	3	150
Santa Rosa Hospital*	San Antonio, Tex.	M. Davis	D.R.	10,347	...	...	1,307	1	1	1	150
Scott and White Memorial Hospital*[1]	Temple, Tex.	C. A. Stevenson	Rad.	50,168	5,632	723	...	2	6	3	200
Wichita Falls Clinic Hospital*	Wichita Falls, Tex.	C. D. Wilson	Rad.	13,450	2,047	1,399	11	..	..	1	...
University of Utah Affiliated Hospitals [86]			Rad.							3	
Dr. W. H. Groves Latter-Day Saints Hospital*	Salt Lake City	E. H. Crowder		6,829	689	...	54	1	3	..	100
Holy Cross Hospital*[1]	Salt Lake City	R. M. Meyer		5,485	681	...	22	..	..	..	100
Salt Lake County General Hospital*[1]	Salt Lake City	H. Plenk		12,614	2,642	329	17	2	..	..	50
Veterans Admin. Hospital*	Salt Lake City	H. P. Plenk and R. M. Crowder	D.R.	12,206	...	...	...	2	2	..	...
Bishop de Goesbriand Hospital*[1]	Burlington, Vt.	F. VanBuskirk	Roent.	5,700	1,035	...	...	1	2	1	100
Mary Fletcher Hospital*[1]	Burlington, Vt.	A. B. Soule	Rad.	11,511	3,263	103	87	1	3	3	50
University of Virginia Hospital*[1]	Charlottesville, Va.	V. W. Archer	Roent.	33,184	...	...	98	2	6	3	50
De Paul Hospital*[1]	Norfolk, Va.	W. H. Whitmore	Roent.	7,939	...	...	...	1	1	1	150
Norfolk General Hospital*[1]	Norfolk, Va.	P. B. Parsons and J. L. Frank	Rad.	15,569	5,828	659	228	2	4	3	125
Medical College of Virginia—Hospital Division*[1]	Richmond, Va.	F. B. Mandeville	Rad.	26,552	4,697	247	206	2	5	3	46.50
Swedish Hospital*[1]	Seattle, Wash.	S. Cantril	Ther.								
			Rad.	1,287	7,917	1,143	207	1	1	3	100
Virginia Mason Hospital*[1]	Seattle, Wash.	T. Carlile	Rad.	21,081	2,168	2,610	18	1	2	2	75
Sacred Heart Hospital*	Spokane, Wash.	M. Harris	Rad.	8,261	...	...	35	2	4	2	150
Methodist Hospital*	Madison, Wis.	W. L. Waskow	Roent.	12,984	1,935	76	42	1	1	1	125
St. Mary's Hospital*	Madison, Wis.	C. F. Sherman	Roent.	9,120	...	...	...	1	1	1	175
State of Wisconsin General Hospital*[1]	Madison, Wis.	E. A. Pohle and L. W. Paul	Rad.	40,684	8,251	325	128	2	6	3	25
St. Joseph's Hospital*[1]	Marshfield, Wis.	J. M. Wickham	Rad.	3,194	518	...	13	1	3	3	300
Columbia Hospital*	Milwaukee	S. A. Morton	Rad.	39,491	...	...	43	1	1	3	75
Evangelical Deaconess Hospital	Milwaukee	A. M. Melamed	Roent.	13,287	...	2,254	21	1	1	1	125
Milwaukee County Hospital*[1]	Milwaukee	J. L. Marks	D.R.	42,340	158	25	16	1	3	1	50
Milwaukee Hospital*[1]	Milwaukee	H. W. Hefke	Rad.	22,149	...	...	140	1	1	3	125
St. Joseph's Hospital*	Milwaukee	A. Altenhofen	Roent.	32,061	...	...	25	1	3	3	75
Queen's Hospital*[1]	Honolulu, T.H.	L. L. Buzaid	Roent.	7,121	2,505	...	4	1	2	2	100

26. SURGERY

The following services have been approved for four years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery.

Hospitals, 224 Assistant Residencies and Residencies, 2294

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[8]	Total Residences Offered[8]	Beginning Stipend (Month)
UNITED STATES ARMY									
Letterman Army Hospital*	San Francisco, Calif.	W. H. Matuska	1,212	1,334	21	20	..	..	...
Fitzsimons Army Hospital*	Denver	J. H. Forsee	2,906	2,639	60	58	5	12	...
Army Medical Center*[27]	Washington, D.C.	S. F. Seeley	1,345	6,660	13	12	4	13	...
Brooke Army Medical Center*[28]	San Antonio, Texas	J. R. Shaeffer	4,932	9,057	39	56	..	..	...
UNITED STATES NAVY									
U. S. Naval Hospital*	Oakland, Calif.	E. H. Dickinson	1,630	606	36	35	..	7	...
U. S. Naval Hospital*	San Diego, Calif.	T. G. Hays	3,376	8,098	74	67	8	8	...
U. S. Naval Hospital*	Bethesda, Md.	H. A. Gross	1,219	...	40	30	4	8	...
U. S. Naval Hospital*[1]	Chelsea, Mass.	C. G. Clegg	2,034	3,288	16	6	3	6	...
U. S. Naval Hospital*[1]	St. Albans, N.Y.	H. G. Young	915	1,390	9	5	..	..	...
U. S. Naval Hospital*	Philadelphia	L. G. Bell	3,173	7,391	48	27	..	..	...
FEDERAL SECURITY AGENCY									
Freedmen's Hospital*[1]	Washington, D.C.	J. R. Laurey	1,157	5,926	61	26	3	13	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital*[1]	Long Beach, Calif.	J. Weinberg	2,830	7,322	36	34	4	10	...
Veterans Admin. Hospital*[1]	Los Angeles	J. M. Beal	3,019	2,991	33	24	10	21	...
Veterans Admin. Hospital	San Francisco	L. G. Brizzolara	1,366	2,078	34	31	4	11	...
Veterans Admin. Hospital [1]	Fort Logan, Colo.	P. M. Ireland	926	...	20	17	6	12	...
Veterans Admin. Hospital*	Newington, Conn.	A. Hurwitz	2,013	5,986	12	11	7	12	...
Veterans Admin. Hospital [1]	Washington, D.C.	J. G. Lee	1,974	3,994	40	27	..	7	...
Veterans Admin. Hospital	Hines, Ill.	C. B. Puestow	6,578	...	88	57	6	52	...
Veterans Admin. Hospital [1]	Indianapolis	H. L. Egbert	1,494	...	35	30	4	11	...
Veterans Admin. Hospital [1]	Des Moines, Iowa	L. T. Palumbo	2,784	509	68	57	6	16	...
Veterans Admin. Hospital [1]	Louisville	J. E. Hamilton	2,465	11,685	103	68	6	16	...
Veterans Admin. Hospital [1]	New Orleans, La.	L. K. Richardson	1,698	753	53	31	4	10	...
Veterans Admin. Hospital [1]	Fort Howard, Md.	J. M. Miller	1,255	665	25	14	4	7	...
Veterans Admin. Hospital [1]	Perry Point, Md.	R. T. Shackelford	1,372	...	20	15	1	5	...
Veterans Admin. Hospital [1]	Boston (West Roxbury),	F. Ross	1,714	4,404	43	42	4	10	...
Veterans Admin. Hospital [1]	Framingham, Mass.	H. H. Faxon	1,414	2,158	17	12	6	14	...
Veterans Admin. Hospital	Dearborn, Mich.	G. S. Bates	2,473	6,997	76	46	..	21	...
Veterans Admin. Hospital [1]	Minneapolis	L. J. Hay	2,655	3,500	41	33	24	24	...
Veterans Admin. Hospital [1]	Jefferson Barracks, Mo.	K. B. Coldwater	1,528	...	60	31	4	16	...
Veterans Admin. Hospital [1]	Brooklyn	R. Friedlander	1,688	...	42	20	6	18	...
Veterans Admin. Hospital [1]	New York City	P. K. Sauer	2,493	3,404	82	54	4	16	...
Veterans Admin. Hospital	Cleveland	C. L. Cogbill	1,863	825	41	27	9	17	...
Veterans Admin. Hospital	Dayton, Ohio	L. P. Alt	2,447	1,869	147	87	7	17	...
Veterans Admin. Hospital*[1]	Oklahoma City	F. A. Quenzer	1,417		26	16	6	6	...

Numerical and other references will be found on page 462.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
Veterans Admin. Hospital	Portland, Ore.	R. A. Wise	1,545	...	17	12	4	16	...
Veterans Admin. Hospital[1]	Aspinwall, Pa.	H. Schwarz	1,872	...	42	27	...	15	...
Veterans Admin. Hospital	Memphis, Tenn.	R. F. Bowers	4,328	6,517	56	41	10	21	...
Veterans Admin. Hospital	Nashville, Tenn.	R. S. McCleery	3,995	...	78	53	5	15	...
Veterans Admin. Hospital[1]	Dallas, Texas	L. J. Kleinsasser	1,476	...	47	34	3	7	...
Veterans Admin. Hospital[1]	Houston, Texas	J. P. Heaney	1,421	...	45	41	5	12	...
Veterans Admin. Hospital[1]	McKinney, Texas	J. P. North	1,319	...	27	27	5	12	...
Veterans Admin. Hospital	Salt Lake City	J. A. Gubler	1,223	2,457	17	15	3	9	...
Veterans Admin. Hospital[1]	White River Jct., Vt.	W. B. Crandell	3,530	13,067	35	30	5	17	...
Veterans Admin. Hospital[1]	Richmond, Va.	R. F. MacDonald	1,600	...	26	17	4	10	...
Veterans Admin. Hospital[1]	Milwaukee	F. Raine	1,314	634	50	42	14	14	...
NONFEDERAL									
Jefferson-Hillman Hospital[2]	Birmingham, Ala.	C. Lyons	2,839	9,952	93	44	3	10	50
Lloyd Noland Hospital	Fairfield, Ala.	R. A. Hamrick	1,128	12,470	16	6	2	5	225
University Hospital[2]	Little Rock, Ark.	G. O. Dean	1,004	10,539	43	21	5	20	75
Los Angeles County Hospital[2]	Los Angeles	L. A. Alesen	4,883	14,195	308	94	12	12	165
Permanente Foundation Hospital[2]	Oakland, Calif.	A. L. Baritell	1,926	28,737	36	18	5	8	175
Franklin Hospital[2]	San Francisco	T. F. Mullen	1,529	3,480	21	10	3	7	100
Mount Zion Hospital[2]	San Francisco	F. I. Harris	1,100	1,451	32	23	2	8	75
San Francisco Hospital[2]	San Francisco	L. Goldman and C. Mathewson					4	11	175
Stanford University Hospitals[2]	San Francisco	E. J. Holman	2,336	12,932	47	24	4	9	50
University of California Hospital[2]	San Francisco	H. G. Bell	1,418	9,564	35	25	..	9	75
University of Colorado Medical Center									
Colorado General Hospital[2]	Denver	H. Swan	832	2,414	51	43	2	7	75
Denver General Hospital[2]	Denver	G. D. Ellis	1,408	5,348	129	10	2	6	75
Hartford Hospital[2]	Hartford, Conn.	W. A. Standish	5,089	279	88	59	4	11	50
Grace-New Haven Community Hospital									
New Haven Unit (University Service)[2]	New Haven, Conn.	G. Lindskog	2,442	14,249	101	55	3	11	40
Delaware Hospital	Wilmington, Del.	L. J. Jones	7,354	12,363	87	53	2	5	130
Central Dispensary and Emergency Hospital[2]	Washington, D.C.	J. H. Lyons	1,590	3,060	26	13	2	7	75
Gallinger Municipal Hospital[2]	Washington, D.C.	P. A. Reed	1,396	7,953	123	45	4	8	125
Georgetown University Hospital[2, 35]	Washington, D.C.	R. J. Coffey	3,575	6,426	61	32	6	23	25
George Washington University Hospital[2]	Washington, D.C.	B. B. Blades	1,121	1,558	4	3	2	9	130
Providence Hospital[2]	Washington, D.C.	L. B. Gaffney	2,219	3,598	13	6	1	3	75
Grady Memorial Hospital[2]	Atlanta, Ga.	I. Ferguson	4,596	48,955	254	92	12	28	20
University Hospital[2]	Augusta, Ga.	J. H. Sherman	2,707	2,810	49	12	2	8	40
Cook County Hospital[2]	Chicago	K. A. Meyer	17,655	21,277	1	123	..	28	32
Mercy Hospital[2]	Chicago	H. A. Oberhelman	2,229	3,152	90	26	3	7	25
Michael Reese Hospital[2]	Chicago	N. N. Crohn	2,640	4,313	51	17	3	8	25
Passavant Memorial Hospital[2]	Chicago	L. Davis	1,803	10,006	33	23	1	4	...
Presbyterian Hospital	Chicago	E. M. Miller	2,301	6,966	56	29	8	16	25
Research and Educational Hospitals[2]	Chicago	W. H. Cole	933	13,397	26	19	2	5	55
St. Luke's Hospital[2]	Chicago	T. L. Hansen	3,391	8,151	88	50	6	14	25
University of Chicago Clinics	Chicago	L. R. Dragstedt	2,072	18,517	65	47	6	8	25
Indiana University Medical Center[2]	Indianapolis	H. B. Shumacker	1,205	5,250	64	46	5	13	150
University Hospitals[2]	Iowa City	N. Womack	2,690	2,548	74	56	5	22	50
University of Kansas Medical Center	Kansas City, Kans.	P. Schafer	1,151	3,990	58	44	3	6	100
Louisville General Hospital[2]	Louisville, Ky.	R. A. Griswold	1,433	15,857	96	38	6	18	45
St. Joseph Infirmary	Louisville, Ky.	C. H. Maguire	1,952	270	46	16	1	4	150
Charity Hospital of Louisiana[2]	New Orleans		7,941	55,453	343	141	8	29	25
Shreveport Charity Hospital[2]	Shreveport, La.	P. D. Abramson	2,189	2,863	96	44	4	14	60
Maine General Hospital[2]	Portland, Me.	I. M. Webber	1,645	3,143	55	27	2	8	50
Baltimore City Hospitals[2]	Baltimore	O. C. Brantigan	2,698	16,671	159	82	5	12	15
Church Home and Hospital[2]	Baltimore	T. S. Cullen	3,604	1,284	45	23	2	7	75
Franklin Square Hospital	Baltimore	H. E. Wilgis	2,322	3,005	35	9	1	6	125
Johns Hopkins Hospital	Baltimore	A. Blalock	3,725	20,223	117	89	13	24	41.66
Mercy Hospital[2]	Baltimore	W. D. Wise	3,032	6,005	75	33	2	8	75
Sinai Hospital[2]	Baltimore	H. M. Kern	2,716	...	46	25	3	7	35
Union Memorial Hospital[2]	Baltimore	M. T. Finney, Jr.	4,691	6,753	88	49	4	9	40
University Hospitals[2]	Baltimore	C. R. Edwards	2,288	11,719	54	14	6	10	...
Beth Israel Hospital[2]	Boston	J. Fine	2,975	4,504	60	31	5	9	41.66
Boston City Hospital[2, 36]									
III Surgical Service (Boston University)	Boston	E. E. O'Neil							
Massachusetts General Hospital	Boston	E. D. Churchill	2,236	7,834	86	57	8	25	41.66
Massachusetts Memorial Hospital	Boston	R. H. Smithwick	1,854	3,350	78	40	6	19	25
New England Center Hospital[2, 36]	Boston	C. S. Welch	716	...	33	23	..	11	50
Peter Bent Brigham Hospital[2]	Boston	F. D. Moore	2,804	22,907	103	75	6	18	...
St. Vincent Hospital	Worcester, Mass.	J. C. McCann	2,462	...	62	36	2	5	58.33
University Hospital	Ann Arbor, Mich.	F. A. Coller	2,154	12,811	125	86	17	57	124
City of Detroit Receiving Hospital[2]	Detroit	C. G. Johnston	3,609	16,133	231	108	6	18	217
Grace Hospital	Detroit	R. P. Reynolds	8,696	5,434	188	79	4	4	225
Harper Hospital[2]	Detroit	E. A. Osius	4,075	3,066	89	44	7	13	205
Henry Ford Hospital[2]	Detroit	R. D. McClure	8,531	145,881	147	83	26	63	225
Wayne County General Hospital and Infirmary	Eloise, Mich.	W. L. Sherman	2,705	...	219	70	4	10	252
Hurley Hospital	Flint, Mich.	A. H. Kretchmar	6,925	...	79	37	..	6	164
Butterworth Hospital[2]	Grand Rapids, Mich.	M. B. Tidey	2,406	338	60	42	2	5	125
University of Minnesota Hospitals[2]	Minneapolis	O. H. Wangensteen	1,910	...	107	79	4	34	...
Ancker Hospital[2]	St. Paul, Minn.	E. M. Jones	1,470	8,453	84	70	2	8	91.50
Barnes Hospital	St. Louis	E. A. Graham	2,434	9,498	70	46	6	48	...
Homer G. Phillips Hospital[2]	St. Louis	R. Elman	2,466	9,034	170	32	7	15	132
Jewish Hospital[2]	St. Louis	J. G. Probstein	2,285	1,582	62	31	..	4	100
St. Louis City Hospital[2]	St. Louis	E. Bricker and I. V. Mulligan	3,958	9,398	249	78	4	14	123.80
St. Mary's Group of Hospitals[2]	St. Louis	C. R. Hanlon	2,775	6,953	76	39	3	12	35
Albany Hospital[2]	Albany, N.Y.	E. H. Campbell	2,227	1,617	69	32	2	5	50
Brooklyn Hospital[2]	Brooklyn	W. H. Field	2,903	5,884	45	15	4	8	25
Cumberland Hospital[2]	Brooklyn	J. J. Gainey	3,163	23,350	106	32	2	5	80
Jewish Hospital[2]	Brooklyn	H. Louria and L. Berger	3,816	3,200	92	25	4	8	25
Kings County Hospital[2]	Brooklyn	W. Coakley and P. Lear	11,515	51,504	671	130	4	12	...
Long Island College Hospital[2]	Brooklyn	E. L. Browder	2,616	8,895	60	20	3	6	25
Maimonides Hospital[2]	Brooklyn	C. B. Ripstein	1,569	2,405	48	10	4	5	75
Buffalo General Hospital	Buffalo	J. R. Paine	2,708	3,088	83	55	10	10	25
Edward J. Meyer Memorial Hospital[2]	Buffalo	J. D. Stewart	1,418	4,147	98	36	3	10	100
Millard Fillmore Hospital[2]	Buffalo	H. N. Kenwell	3,272	34	39	14	2	6	50
Sisters of Charity Hospital[2]	Buffalo	J. C. Brady	5,699	4,289	202	76	3	9	150
Meadowbrook Hospital[2]	Hempstead, N.Y.	A. S. Warinner	1,358	...	73	55	6	12	135
Queens General Hospital[2]	Jamaica, N.Y.	C. L. Davidson	3,202	8,178	274	111	2	6	80
Nassau Hospital[2]	Mineola, N.Y.	O. C. Hudson	2,565	...	82	28	1	2	110

Numerical and other references will be found on page 462.

V 14
1951

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
Bellevue Hospital, Div. II—Cornell University[*1]	New York City	C. Holman	1,860	7,660	67	31	5	12	80
Bellevue Hospital, Div. III—New York University[*1]	New York City	J. H. Mulholland	2,929	4,237	117	41	5	15	80
Bellevue Hospital, Div. IV—New York University Post Graduate Medical School[*]	New York City	J. W. Hinton	2,131	14,197	171	32	8	17	50
Beth Israel Hospital[*1]	New York City	L. Ginsburg	1,794	2,500	39	12	1	3	50
Flower and Fifth Avenue Hospitals[*1]	New York City	J. M. Winfield	2,252	5,403	20	3	5	11	...
Goldwater Memorial Hospital[*1]	New York City								
II—Surgical Division		C. W. Cutler, Jr.	362	47	67	20	..	2	80
III—Surgical Division		W. H. Barber	551	1,425	81	16	1	4	80
Harlem Hospital[*1]	New York City	L. T. Wright	...	30,205	161	29	4	4	80
Metropolitan Hospital[*1]	New York City	J. M. Winfield	1,922	9,780	108	23	3	5	80
Mount Sinai Hospital[*1]	New York City	R. Colp and J. H. Garlock	3,576	12,148	113	43	15	18	50
New York Hospital[*1,34]	New York City	F. Glenn	4,969	38,534	102	83	17	23	25
New York Polyclinic Medical School and Hospital[*]	New York City	R. E. Brennan	1,777	4,206	22	8	4	12	75
Presbyterian Hospital[*1]	New York City	G. H. Humphreys	3,029	45,754	120	54	8	28	208
Roosevelt Hospital[*1]	New York City	H. W. Cave and W. C. White	3,903	...	100	33	6	18	...
St. Luke's Hospital[*1]	New York City	W. F. MacFee	3,954	18,731	91	46	4	10	60
St. Vincent's Hospital[*1]	New York City	L. M. Rousselot	4,763	20,649	125	74	6	16	50
University Hospital[*]	New York City	J. W. Hinton	4,540	20,060	94	34	..	16	80
Geneses Hospital[*1]	Rochester, N.Y.	S. J. Stabins	2,148	2,440	36	23	1	6	41.66
Strong Memorial-Rochester Municipal Hospitals[*1]	Rochester, N.Y.	J. J. Morton	6,243	11,889	152	125	9	20	41.66
State University, Medical Center Hospital of the Good Shepherd[*1]	Syracuse, N.Y.	A. B. Raffl	3,515	...	79	32	7	10	125
Duke Hospital[*1]	Durham, N.C.	D. Hart	2,568	9,966	40	17	11	22	...
North Carolina Baptist Hospital[*1]	Winston-Salem, N.C.	H. H. Bradshaw	1,946	7,816	81	56	4	13	41.66
City Hospital[*1]	Akron, Ohio	C. C. Pinkerton	2,089	962	55	21	4	11	140
Peoples Hospital[*]	Akron, Ohio	S. A. Schlueter	1,689	997	18	11	3	10	125
Mercy Hospital[*1]	Canton, Ohio	A. W. Warren	4,382	412	61	16	3	6	125
Cincinnati General Hospital[*1]	Cincinnati	R. N. Carter	2,943	24,714	306	147	5	17	...
City Hospital[*1]	Cleveland	F. A. Simeone	2,606	16,875	199	87	8	19	67
Cleveland Clinic Hospital[1]	Cleveland	R. S. Dinsmore	2,996	19,288	44	31	6	40	...
Lutheran Hospital[*1]	Cleveland	J. H. Lazzari	3,447	...	57	26	6	10	85
Mount Sinai Hospital[*1]	Cleveland	S. O. Freedlander	4,091	8,277	68	21	2	6	100
St. John's Hospital[*1]	Cleveland	W. B. Mishler	2,272	3,854	52	18	2	6	110
St. Luke's Hospital[*1]	Cleveland	D. M. Glover	3,352	2,848	106	49	1	5	100
University Hospitals[*1]	Cleveland	W. D. Holden	4,454	9,655	125	..	11	21	...
Ohio State University Hospital[*1]	Columbus, Ohio	R. M. Zollinger	1,611	7,912	95	82	6	18	50
St. Elizabeth's Hospital[*1]	Youngstown, Ohio	L. G. Coe	1,711	311	20	7	2	6	110
Youngstown Hospital[*1,15]	Youngstown, Ohio	A. E. Brant	9,643	620	109	68	1	9	125
University of Oregon Medical School Hospitals and Clinics[*1]	Portland, Ore	W. K. Livingston	1,305	6,220	66	48	2	8	85
Harrisburg Hospital[*1]	Harrisburg, Pa.	P. A. Kunkel	3,515	18,050	89	38	1	4	..
Germantown Dispensary and Hospital[*1]	Philadelphia	S. D. Weeder	2,706	2,978	94	30	1	3	50
Hahnemann Hospital[*1]	Philadelphia	W. L. Martin	3,752	9,654	118	56	2	8	50
Hospital of the University of Pennsylvania[*1,72]	Philadelphia	I. S. Ravdin	4,868	5,594	76	55	7	21	100
Jefferson Medical College Hospital[*]	Philadelphia	T. A. Shallow and J. H. Gibbon	3,085	10,623	116	60	14	14	...
Lankenau Hospital[*1]	Philadelphia	J. M. Deaver and G. C. Engel	2,745	12,072	76	41	6	6	50
Pennsylvania Hospital[*]	Philadelphia		1,884	10,327	70	39	2	7	20
Allegheny General Hospital[*1]	Pittsburgh	J. C. Burt	2,493	5,459	86	21	..	2	100
Pittsburgh Medical Center [75]	Pittsburgh	S. P. Harbison	2,036	2,888	33	12	..	..	41.66
Western Pennsylvania Hospital[*1]	Pittsburgh	L. H. Landon	3,960	1,552	85	24	2	6	100
Robert Packer Hospital[*1]	Sayre, Pa.		2,198	5,191	44	34	..	5	150
Rhode Island Hospital[*1]	Providence, R.I.	J. M. Beardsley	4,480	9,525	125	45	2	8	60
Roper Hospital[*1]	Charleston, S.C.	F. E. Kredel	3,419	11,424	146	70	4	8	50
Baptist Memorial Hospital[*1]	Memphis, Tenn.	M. J. Tendler	4,241	1,553	55	20	..	1	75
John Gaston Hospital[*]	Memphis, Tenn.	H. Wilson	2,531	13,859	99	44	2	7	...
St. Thomas Hospital[*1]	Nashville, Tenn.	L. W. Edwards	2,734	...	27	12	4	12	150
Vanderbilt University Hospital[*1]	Nashville, Tenn.	S. Brooks	3,954	13,805	100	43	..	10	35
Parkland Hospital[*1]	Dallas, Texas	C. Moyer	1,459	8,267	58	26	7	14	...
University of Texas Medical Branch Hospitals[*1] John Sealy Hospital	Galveston, Texas	R. M. Moore	948	6,774	35	21	3	12	75
Jefferson Davis Hospital[*]	Houston, Texas	M. E. De Bakey	2,036	16,482	94	40	3	11	25
Salt Lake County General Hospital[*1]	Salt Lake City	P. B. Price	995	6,401	95	57	3	9	50
University of Virginia Hospital[*1]	Charlottesville, Va.	E. P. Lehman	2,669	10,858	65	45	6	12	50
Norfolk General Hospital[*1]	Norfolk, Va.	R. L. Payne, Sr.	1,851	1,246	38	17	4	8	125
Medical College of Virginia—Hospital Division[*1]	Richmond, Va.	J. S. Bigger	3,807	15,679	122	51	7	20	46.50
King County Hospital Unit No. 1 (Harborview)[*1]	Seattle, Wash.	H. N. Harkins	1,156	5,434	68	42	4	11	100
Virginia Mason Hospital[*1]	Seattle, Wash.	J. W. Baker	1,354	7,215	12	12	2	8	75
State of Wisconsin General Hospital[*1]	Madison, Wis.	E. R. Schmidt	2,049	6,991	70	53	3	12	25

The following services have been approved for three years of training by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery.

Hospitals, 258 Assistant Residencies and Residencies, 1538

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Beginning Stipend (Month)
UNITED STATES ARMY									
Gorgas Hospital[*]	Aucon, C.Z.	E. C. Lowry	1,648	5,317	25	18	2	6	...
Tripler Army Hospital[*]	Honolulu, Hawaii	D. M. Walker	9,700	43,377	16	13	..	..	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital[*1]	San Francisco	M. B. Noyes	3,645	24,253	36	30	1	4	...
U. S. Public Health Service Hospital[*]	New Orleans, La.	O. C. Williams	2,268	6,282	28	18	2	6	...
U. S. Public Health Service Hospital[*1]	Baltimore	H. D. Fishburn	4,416	16,157	110	92	2	6	...
U. S. Public Health Service Hospital[*]	Boston	T. S. McGowan	1,897	3,449	16	9	1	4	...
U. S. Public Health Service Hospital[*1]	Staten Island, N.Y.	J. D. Lane	6,252	23,831	57	39	3	9	...
U. S. Public Health Service Hospital[*1]	Seattle, Wash.	T. S. McGowan	2,155	8,269	30	20	1	5	...

Numerical and other references will be found on page 462.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered*	Total Residences Offered*	Beginning (Month)
VETERANS ADMINISTRATION									
Veterans Admin. Hospital [1]	Tuskegee, Ala.	A. G. Yancey	1,225	10	30	16	3	9	...
Veterans Admin. Hospital	Coral Gables, Fla.	M. H. Todd	2,553	4,159	49	43	6	12	...
Veterans Admin. Hospital*	Chamblee, Ga.	H. D. Smith	1,343	...	53	38	14	19	...
Veterans Admin. Hospital [1]	Wadsworth, Kans.	W. I. Rinkle	1,426	...	51	46	4	11	...
Veterans Admin. Hospital	Wichita, Kans.	G. A. Higgins	2,059	...	34	24	2	8	...
Veterans Admin. Hospital [1]	Lincoln, Nebr.	F. M. Marquis	920	...	19	16	2	6	...
Veterans Admin. Hospital	Albuquerque, N.M.	R. L. Carlson	711	...	16	15	6	10	...
Veterans Admin. Hospital [1]	Buffalo	J. D. MacCallum	2,692	1,129	56	37	...	13	...
Veterans Admin. Hospital	Columbia, S.C.	K. M. Lippert	1,437	1,692	18	12	2	5	...
Veterans Admin. Hospital [1]	Martinsburg, W. Va.	R. K. Hollingsworth	1,674	869	36	26	6	6	...
NONFEDERAL									
Carraway Methodist Hospital*†	Birmingham, Ala.	C. N. Carraway	1,601	15,146	34	17	3	6	100
Herrick Memorial Hospital*†	Berkeley, Calif.	S. H. Babington	3,415	425	49	32	1	3	150
San Joaquin General Hospital*†	French Camp, Calif.	W. Brock	2,032	14,632	73	58	2	5	220
General Hospital of Fresno County*†	Fresno, Calif.	C. M. Vanderberg	1,099	5,161	64	26	2	5	206
California Hospital*†	Los Angeles	W. H. Olds	2,755	1,024	41	20	2	4	125
Cedars of Lebanon Hospital*†	Los Angeles	...	1,697	4,067	19	8	2	2	75
Hospital of the Good Samaritan*†	Los Angeles	C. J. Berne	2,856	4,448	24	13	2	6	150
Queen of Angels Hospital*	Los Angeles	R. Stewart	3,866	738	80	44	1	3	100
White Memorial Hospital*	Los Angeles	C. E. Stafford	1,236	5,632	36	18	3	7	120
Highland-Alameda County Hospital*†	Oakland, Calif.	T. C. Lawson	1,208	3,779	65	28	6	9	145
Mercy Hospital*†	San Diego, Calif.	J. J. O'Hara	6,512	261	87	37	3	7	100
San Diego County General Hospital*†	San Diego, Calif.	H. G. Holder	1,099	4,951	64	21	6	9	125
St. Joseph's Hospital*†	San Francisco	A. R. Kilgore	2,565	375	23	13	3	6	100
St. Mary's Hospital*†	San Francisco	E. Butler	4,506	2,244	54	23	2	5	100
Southern Pacific General Hospital*†	San Francisco	...	1,337	...	18	13	3	7	150
Santa Barbara Cottage Hospital*†	Santa Barbara, Calif.	D. L. Reeves	693	1,653	7	5	3	9	100
Harbor General Hospital*	Torrance, Calif.	H. H. Jacob	1,100	2,301	45	31	4	10	165
Mercy Hospital*†	Denver	F. B. Good	5,787	1,276	78	44	1	1	100
Presbyterian Hospital*†	Denver	G. B. Kent	5,083	862	44	22	1	3	65
St. Anthony Hospital*†	Denver	J. E. Plank	4,237	539	51	20	1	1	75
St. Joseph's Hospital*	Denver	J. M. Foster	1,783	...	17	7	5	5	100
St. Luke's Hospital*†	Denver	G. B. Packard	5,505	...	37	20	1	3	100
Bridgeport Hospital*†	Bridgeport, Conn.	M. L. Cheney	3,523	9,198	52	22	1	4	100
St. Francis Hospital*	Hartford, Conn.	B. B. Landry	3,766	1,254	87	29	1	3	75
New Britain General Hospital*†	New Britain, Conn.	B. B. Clark	4,861	...	56	35	1	3	115
Grace-New Haven Community Hospital Grace Unit*	New Haven, Conn.	L. C. Foster	1,601	...	32	13	1	3	40
Hospital of St. Raphael*†	New Haven, Conn.	G. Connor	1,970	1,031	59	12	2	9	75
Waterbury Hospital*†	Waterbury, Conn.	W. E. Wight	3,868	2,367	78	33	2	4	100
Memorial Hospital*†	Wilmington, Del.	J. C. Pierson	1,429	856	54	37	2	4	125
Doctors Hospital*†	Washington, D.C.	C. S. White	2,484	...	40	28	1	3	100
Garfield Memorial Hospital*†	Washington, D.C.	J. O. Warfield, Jr.	1,667	1,922	44	27	2	6	75
Duval Medical Center*	Jacksonville, Fla.	E. Jelks	1,455	5,259	51	24	3	6	125
St. Vincent's Hospital*	Jacksonville, Fla.	F. J. Waas	1,736	165	14	8	3	7	125
Jackson Memorial Hospital*†	Miami, Fla.	W. C. Jones	5,804	15,443	191	122	6	15	60
Crawford W. Long Memorial Hospital*†	Atlanta, Ga.	C. E. Holloway	4,843	205	41	10	4	7	75
Piedmont Hospital*†	Atlanta, Ga.	F. W. McRae	2,735	...	23	9	1	3	90
Emory University Hospital*	Emory University, Ga.	D. C. Elkin	1,555	...	18	9	6	15	25
American Hospital*†	Chicago	M. Thorek	1,327	398	26	13	5	5	50
Augustana Hospital*†	Chicago	N. M. Percy	3,599	3,859	147	85	4	9	75
Chicago Memorial Hospital*	Chicago	J. Van Prohaska	1,055	1,569	...	...	1	2	200
Grant Hospital*†	Chicago	L. Seed	1,725	5,650	56	33	2	6	150
Illinois Masonic Hospital*†	Chicago	P. Shambaugh	1,358	8,219	14	7	4	7	50
Lutheran Deaconess Home and Hospital*	Chicago	J. D. Koucky	4,168	1,334	44	...	1	3	100
Mount Sinai Hospital*†	Chicago	J. T. Gault	3,514	10,653	101	44	1	3	50
Provident Hospital*	Chicago	W. S. Grant	1,065	...	45	25	1	4	50
St. Elizabeth Hospital*	Chicago	M. G. Luken	2,951	792	22	9	1	1	100
St. Joseph Hospital*	Chicago	H. McKenna	1,064	867	22	5	1	2	125
St. Mary of Nazareth Hospital*	Chicago	E. H. Warszewski	4,660	393	42	10	1	3	100
Wesley Memorial Hospital*†	Chicago	R. W. McNealy	2,473	...	12	10	3	9	25
Evanston Hospital*†	Evanston, Ill.	J. M. Dorsey	2,066	3,130	29	22	1	3	50
St. Francis Hospital*†	Evanston, Ill.	J. J. Fahey	4,195	3,053	69	29	2	6	150
West Suburban Hospital*	Oak Park, Ill.	J. J. Theobald	2,263	2,832	44	24	2	6	150
Clinic Hospital	Bluffton, Ind.	H. D. Caylor	922	...	11	8	1	2	100
Indianapolis General Hospital*†	Indianapolis	W. S. Tucker	1,400	6,945	61	35	2	6	80
Methodist Hospital of Indiana*†	Indianapolis	A. K. Harcourt	3,791	...	64	22	4	7	260
St. Vincent's Hospital*†	Indianapolis	W. D. Gatch	2,882	1,962	78	41	1	3	200
St. Elizabeth Hospital*†	La Fayette, Ind.	R. E. Gery	2,758	1,852	75	32	2	6	150
Iowa Methodist Hospital*†	Des Moines, Iowa	T. D. Throckmorton	3,041	...	45	27	3	6	100
St. Margaret's Hospital*	Kansas City, Kans.	M. Laing	2,770	1,600	36	20	1	3	150
Wesley Hospital*†	Wichita, Kans.	W. C. Bartlett	1,619	...	10	4	1	4	...
St. Joseph Hospital*†	Lexington, Ky.	F. W. Rankin	1,858	...	57	42	3	7	140
Ochsner Foundation Hospital*†	New Orleans	A. Ochsner	1,086	7,141	23	21	7	21	125
Southern Baptist Hospital*†	New Orleans	H. Mahorner	5,803	...	18	34	1	3	125
Touro Infirmary*†	New Orleans	I. W. Kaplan	3,413	7,571	48	29	2	6	17
Lutheran Hospital*†	Baltimore	W. E. Gilmore	1,221	1,542	30	9	2	5	85
Maryland General Hospital*†	Baltimore	W. M. Firor	1,957	6,795	73	15	2	7	50
Provident Hospital and Free Dispensary*†	Baltimore	S. McLanmahan	1,250	706	56	7	3	6	100
St. Agnes Hospital*†	Baltimore	G. A. Stewart	1,838	476	51	23	3	5	75
St. Joseph's Hospital*†	Baltimore	W. R. Geraghty	3,517	2,561	75	16	2	6	115
South Baltimore General Hospital*†	Baltimore	O. S. Lloyd	2,184	4,997	54	15	4	8	125
Beverly Hospital*	Beverly, Mass.	P. P. Johnson	2,017	8,178	41	35	1	4	100
Boston City Hospital*† [36]	Boston	W. R. Morrison	10,533	60,993	546	132	25	68	90
Carney Hospital*	Boston	A. McK. Fraser and W. E. Browne	2,054	3,403	64	31	3	3	75
Children's Hospital*	Boston	R. Gross	2,042	12,203	56	44	6	11	42
New England Hospital*†	Boston	E. L. Young	1,591	2,052	13	7	2	4	50
St. Elizabeth's Hospital*†	Boston	J. W. Spellman	4,482	5,806	68	32	3	5	125
Cambridge City Hospital*†	Cambridge, Mass.	J. B. Vernaglia	1,303	8,404	64	27	1	3	125
Mount Auburn Hospital*†	Cambridge, Mass.	S. Fraser	1,746	2,001	48	24	1	3	50
Newton-Wellesley Hospital*†	Newton-Lower Falls, Mass.	R. I. Smith	2,265	1,207	56	27	1	3	100
Springfield Hospital*†	Springfield, Mass.	F. S. Hopkins	6,375	4,009	105	44	4	11	50
Memorial Hospital*†	Worcester, Mass.	B. C. Wheeler	3,237	694	68	30	1	4	100
Worcester City Hospital*†	Worcester, Mass.	B. F. Andrews	2,669	...	92	39	4	4	100
St. Joseph's Mercy Hospital*†	Ann Arbor, Mich.	H. Beebe	1,067	...	15	9	4	7	125
Leila Y. Post Montgomery Hospital*†	Battle Creek, Mich.	R. L. Mustard	873	6,142	14	9	1	4	250
Alexander Blain Hospital	Detroit	A. W. Blain	1,640	22,367	15	7	4	12	150

Numerical and other references will be found on page 462.

V 1
195

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[8]	Total Residences Offered[8]	Beginning Stipend (Months)
Evangelical Deaconess Hospital[*]	Detroit	E. C. Baumgarten	4,935	...	29	11	1	3	200
Jennings Memorial Hospital[*]	Detroit	J. B. Hartzell	563	...	7	1	1	3	250
Mt. Carmel Mercy Hospital[*]	Detroit	N. G. Kalder	8,607	...	119	32	6	9	125
Providence Hospital[*]	Detroit	G. M. O'Brien	6,156	...	124	67	1	3	200
St. Joseph's Mercy Hospital[*]	Detroit	D. J. Leithauser	1,319	291	9	3	1	3	150
Blodgett Memorial Hospital[*]	Grand Rapids, Mich.	L. C. Carpenter	1,490	6	57	29	1	3	200
St. Mary's Hospital[*]	Grand Rapids, Mich.	H. J. Van Duine	3,761	2,015	90	4	1	3	125
Highland Park General Hospital[*]	Highland Park, Mich.	F. J. Witter	1,503	281	19	9	1	3	208
Bronson Methodist Hospital[*]	Kalamazoo, Mich.	R. J. Hubbell	2,948	2,826	48	17	1	3	150
Pontiac General Hospital[*]	Pontiac, Mich.	V. C. Abbott	3,999	7,771	84	42	2	4	100
Saginaw General Hospital[*]	Saginaw, Mich.	H. M. Bishop	2,540	2,034	10	8	1	3	300
Minneapolis General Hospital[*]	Minneapolis	A. A. Zierold	877	6,554	27	46	3	9	125
St. Barnabas Hospital[*]	Minneapolis	C. A. Hallberg	1,455	...	14	10	1	1	...
Mayo Foundation	Rochester, Minn.		...	...	..	..	46	140	135
Charles T. Miller Hospital[*]	St. Paul, Minn.	E. M. Jones and H. B. Zimmermann	2,867	3,932	16	12	..	3	115
Lutheran Hospital	Vicksburg, Miss.	W. H. Parsons	1,512	11,167	28	18	1	3	50
Mercy Hospital-Street Memorial[*]	Vicksburg, Miss.	A. Street	1,908	12,269	45	10	1	3	...
St. Louis County Hospital[*]	Clayton, Mo.	C. R. Doyle	1,036	16,201	80	52	3	6	95
Kansas City General Hospital No. 1[*]	Kansas City, Mo.	H. C. Lapin	1,264	4,262	70	45	4	12	75
Research Hospital[*]	Kansas City, Mo.	C. J. Hunt	2,426	2,622	64	28	2	6	150
St. Joseph Hospital[*]	Kansas City, Mo.	R. R. Coffey	7,457	2,683	82	50	..	..	...
St. Luke's Hospital[*]	Kansas City, Mo.	L. P. Engel	1,552	...	...	...	2	4	150
De Paul Hospital[*]	St. Louis	J. W. Thompson	2,007	472	57	19	1	3	150
Missouri Pacific Hospital	St. Louis	R. A. Weir	3,008	40,943	70	29	4	8	100
St. John's Hospital[*]	St. Louis	W. P. Glennon	2,712	986	102	53	1	3	...
Creighton Memorial-St. Joseph's Hospital[*]	Omaha	H. H. McCarthy	4,813	6,769	60	24	1	3	100
University of Nebraska Hospital[*, 3B]	Omaha	H. D. Davis	651	1,751	34	30	3	9	125
Atlantic City Hospital[*]	Atlantic City, N.J.	D. B. Allman	2,256	26,688	67	23	1	3	100
Cooper Hospital[*]	Camden, N.J.	I. E. Deibert	2,472	4,726	169	78	2	4	83.33
West Jersey Hospital[*]	Camden, N.J.	H. W. Jack	1,441	1,935	30	15	1	3	125
Jersey City Hospital[*]	Jersey City	E. J. Halligan	6,752	22,836	272	51	8	20	35
Burlington County Hospital [1]	Mount Holly, N.J.	T. J. Dumoney	1,201	2,237	28	14	1	2	100
Hospital of St. Barnabas and For Women and Children[*]	Newark, N.J.	H. A. Schulte	4,653	2,144	42	22	1	4	100
Newark Beth Israel Hospital[*]	Newark, N.J.	A. B. Abrams	5,244	10,040	97	32	1	2	50
Newark City Hospital	Newark, N.J.		...	...	...	...	..	..	...
Paterson General Hospital[*]	Paterson, N.J.	L. E. Deyoe	2,753	1,622	98	22	3	9	100
Binghamton City Hospital[*]	Binghamton, N.Y.	J. J. Brick	3,631	279	94	40	3	7	136.50
Beth El Hospital[*]	Brooklyn	H. Neuhof	2,366	9,894	56	13	2	4	100
Greenpoint Hospital[*]	Brooklyn	H. Feldman	1,920	9,538	90	30	2	4	140
Methodist Hospital[*]	Brooklyn	S. G. Clark and P. A. Renaud	2,477	5,863	66	22	2	5	25
Norwegian Lutheran Deaconesses' Home and Hospital[*]	Brooklyn	E. K. Johnson	1,716	2,260	48	33	2	4	75
St. Catherine's Hospital[*]	Brooklyn	J. J. Black and J. A. McCabe	3,089	4,764	51	15	1	4	75
St. John's Episcopal Hospital[*]	Brooklyn	M. N. Foote	1,714	2,820	46	12	1	3	95
St. Mary's Hospital[*]	Brooklyn	A. J. McGowan	1,063	3,950	32	6	1	3	80
Wyckoff Heights Hospital[*]	Brooklyn	P. A. Zoller	1,437	2,636	51	23	..	..	...
Deaconess Hospital[*]	Buffalo	T. T. Jacobs	4,546	2,015	59	22	1	3	125
Clifton Springs Sanitarium and Clinic [1]	Clifton Springs, N.Y.	R. M. Price	1,361	6,414	31	17	..	1	100
Mary Imogene Bassett Hospital[*]	Cooperstown, N.Y.	M. A. McIver	878	8,852	9	6	1	2	83.33
Jamaica Hospital[*]	Jamaica, N.Y.	J. D. Hallinan	3,559	2,087	50	8	..	2	150
Mary Immaculate Hospital[*]	Jamaica, N.Y.	F. N. Dealy and H. W. Draffen	1,486	1,454	43	14	1	4	110
Charles S. Wilson Memorial Hospital[*]	Johnson City, N.Y.	D. Smith	3,643	...	49	24	3	7	150
Mount Vernon Hospital[*]	Mount Vernon, N.Y.	N. W. Cornell	2,114	8,090	520	210	2	4	251
New Rochelle Hospital*	New Rochelle, N.Y.	G. C. Adie	5,296	3,267	10	7	1	4	125
Bellevue Hospital, Div. I—Columbia University[*]	New York City	E. B. Berry	676	9,990	63	17	3	9	80
Bronx Hospital[*]	New York City	H. B. Schwenberg	3,186	4,790	70	21	2	8	35
Fordham Hospital[*]	New York City	L. Marton	2,985	17,472	229	47	2	6	80
French Hospital[*]	New York City	H. B. Keyes	2,754	10,680	58	28	1	3	20
Knickerbocker Hospital[*]	New York City	R. H. Patterson	2,001	4,385	70	3	5	9	...
Lenox Hill Hospital*	New York City	O. C. Pickhardt and F. M. Donehue	3,182	5,536	115	48	2	6	50
Lincoln Hospital[*]	New York City	F. H. Amendola	3,433	47,566	188	69	6	12	60
Memorial Hospital[*]	New York City		...	...	...	...	..	..	...
Montefiore Hospital for Chronic Diseases[*]	New York City	E. S. Hurwitt	1,271	2,132	74	41	6	7	60
Morrisania City Hospital[*]	New York City	P. Daly and G. Milani	1,093	3,943	190	30	2	6	80
New York City Hospital[*]	New York City	P. A. Wade	2,740	12,497	123	15	1	4	80
St. Clare's Hospital*	New York City	J. L. Madden	6,106	8,657	63	46	2	10	25
Highland Hospital[*]	Rochester, N.Y.	W. A. Calihan	3,610	579	53	26	4	7	100
Rochester General Hospital[*]	Rochester, N.Y.	W. A. Fenstermacher	3,815	3,365	...	...	4	14	55
St. Mary's Hospital[*]	Rochester, N.Y.	N. J. Pfaff	11,392	2,795	86	46	2	6	125
Ellis Hospital[*]	Schenectady, N.Y.	S. F. MacMillan	3,705	...	47	37	1	3	100
Grasslands Hospital[*]	Valhalla, N.Y.	G. C. Adie	351	3,703	41	24	2	4	125
Charlotte Memorial Hospital[*]	Charlotte, N.C.	E. R. Hipp	1,570	891	15	6	1	3	100
Lincoln Hospital*	Durham, N.C.	H. M. Schiebel	794	1,322	39	12	1	2	225
Watts Hospital[*]	Durham, N.C.	H. M. Schiebel	3,728	19,967	36	11	2	7	50
Aultman Hospital[*]	Canton, Ohio	G. W. Zeiders	3,971	417	98	50	5	9	125
Christ Hospital[*]	Cincinnati	D. E. Earley	2,160	4,673	52	24	2	5	125
Good Samaritan Hospital[*]	Cincinnati	J. J. Maloney	3,065	1,500	62	...	3	7	155
Jewish Hospital[*]	Cincinnati	J. D. Heiman	7,317	1,447	63	36	2	8	60
St. Mary's Hospital[*]	Cincinnati	K. B. Hanson	1,133	804	29	18	1	3	150
St. Alexis Hospital[*]	Cleveland	F. A. Spittler	5,527	1,783	66	23	2	6	100
St. Vincent Charity Hospital[*]	Cleveland	E. P. Neary	2,171	11,088	74	14	4	12	75
Mount Carmel Hospital[*]	Columbus, Ohio	W. H. Teachnor	3,170	780	55	20	1	3	135
White Cross Hospital[*]	Columbus, Ohio	K. P. Klassen	3,329	...	86	26	2	4	100
Miami Valley Hospital[*]	Dayton, Ohio	E. F. Damstra	3,127	4,103	75	33	2	6	75
Huron Road Hospital[*]	East Cleveland, Ohio	H. W. Brown	2,304	422	71	31	4	9	150
Lakewood Hospital*	Lakewood, Ohio	N. W. Thiessen	2,664	531	29	11	3	6	100
St. Rita's Hospital*	Lima, Ohio	C. H. Leech	3,622	2,802	59	28	1	5	100
Maumee Valley Hospital*	Toledo, Ohio	E. J. McCormick	551	2,127	65	38	4	8	125
Mercy Hospital*	Toledo, Ohio	E. L. Gaspari	2,095	752	37	15	2	6	137
St. Vincent's Hospital[*]	Toledo, Ohio	B. G. Shaffer	2,543	...	69	28	2	5	125
Toledo Hospital[*]	Toledo, Ohio	G. H. Reams	3,755	5,303	87	48	2	4	125
St. Anthony Hospital*	Oklahoma City	L. J. Starry	4,607	728	103	36	1	3	150
University Hospitals*	Oklahoma City	L. J. Starry	1,037	9,111	37	18	3	3	50
Hillcrest Memorial Hospital[*]	Tulsa, Okla.	H. J. Black	1,551	...	29	9	1	1	75
Emanuel Hospital[*]	Portland, Ore.	F. W. Carter	3,214	...	46	25	1	3	85
St. Vincent's Hospital[*]	Portland, Ore.	D. B. Seabrook	4,463	...	114	60	1	3	75
Abington Memorial Hospital[*]	Abington, Pa.	D. B. Pfeiffer	2,517	2,015	74	40	1	3	50

Numerical and other references will be found on page 462.

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[‡]	Total Residences Offered[‡]	Beginning Stipend (Month)
Allentown Hospital[*†]	Allentown, Pa.	R. L. Schaeffer	7,987	1,363	88	42	1	3	100
Sacred Heart Hospital[*†]	Allentown, Pa.	C. S. Hertz	4,536	7,423	94	44	2	4	150
St. Luke's Hospital[*†]	Bethlehem, Pa.	D. P. Walker	3,917	431	91	55	2	6	100
Bryn Mawr Hospital[*†]	Bryn Mawr, Pa.	J. B. Flick	6,100	1,120	48	20	1	3	75
George F. Geisinger Memorial Hospital[*†]	Danville, Pa.	H. L. Foss	2,023	11,485	44	25	2	4	100
Hamot Hospital[*†]	Erie, Pa.	A. F. Jonas	1,979	1,426	51	20	3	3	150
St. Vincent's Hospital[*]	Erie, Pa.		3,467	882			1	3	50
Harrisburg Polyclinic Hospital[*†]	Harrisburg, Pa.	W. K. McBride	2,741	3,573	33	12	1	3	200
St. Joseph's Hospital[*]	Lancaster, Pa.	J. L. Atlee, Jr.	4,107	7,613	84	51	..	3	150
Episcopal Hospital[*†]	Philadelphia	J. W. Klopp	1,966	10,655	47	18	2	6	50
Graduate Hospital of the University of Pennsylvania[*†]	Philadelphia	W. Bates	1,593	10,127	24	12	1	5	...
Hospital of the Woman's Medical College of Pennsylvania[*†]	Philadelphia	L. K. Ferguson	745	1,488	7	4	1	3	60
Jewish Hospital[*†]	Philadelphia	F. B. Block and R. N. Goldsmith	2,946	4,480	98	22	1	6	50
Methodist Episcopal Hospital[*†]	Philadelphia	G. Willauer	1,414	10,332	23	4	1	2	100
Mount Sinai Hospital[*†]	Philadelphia	B. Lipshutz and L. Kaplan	1,374	10,168	25	11	3	3	50
Philadelphia General Hospital[*†]	Philadelphia	L. K. Ferguson	2,881	...	161	94	2	6	75
Presbyterian Hospital[*†]	Philadelphia	F. A. Bothe and O. C. King	3,886	9,389	76	41	1	4	...
Temple University Hospital[*†]	Philadelphia	W. E. Burnett	2,311	2,900	90	55	..	8	...
Woman's Hospital[*†]	Philadelphia	C. M. Smyth	553	3,037	9	7	1	3	100
Mercy Hospital[*†]	Pittsburgh	H. H. Donaldson	3,581	5,615	63	17	..	..	100
Montefiore Hospital[*†]	Pittsburgh	J. D. Koskoff	2,012	2,469	57	27	3	3	50
Pittsburgh Hospital[*†]	Pittsburgh	J. D. Singley	1,088	3,891	49	9	1	3	125
St. Francis Hospital[*†]	Pittsburgh		2,775	2,450	64	13	..	..	...
Reading Hospital[*†]	Reading, Pa.	C. B. Rentschler	1,432	1,406	38	21	..	2	125
St. Joseph's Hospital[*]	Reading, Pa.	R. Impink	1,167		49	33	..	..	...
Williamsport Hospital[*†]	Williamsport, Pa.	A. F. Harot	2,075	12,357	128	46	1	2	125
York Hospital[*†]	York, Pa.	J. F. Bacon	1,621	756	96	29	1	3	100
Baroness Erlanger Hospital[*†]	Chattanooga, Tenn.	W. G. Stephenson	2,713	2,263	70	23	6	13	75
Knoxville General Hospital[*]	Knoxville, Tenn.	J. B. Ely	1,663	2,955	71	31	2	5	95
Methodist Hospital[*]	Memphis, Tenn.	J. A. Crisler	2,290	2,652	38	9	1	5	75
St. Joseph Hospital[*†]	Memphis, Tenn.	A. J. Grobmyer	1,511	574	43	17	1	4	100
George W. Hubbard Hospital of Meharry Medical College[*†]	Nashville, Tenn.	M. Walker	1,714	8,406	76	23	2	9	75
Mid State Baptist Hospital[*†]	Nashville, Tenn.	J. A. Kirtley, Jr.	3,116	921	43	14	3	5	150
Nashville General Hospital[*]	Nashville, Tenn.	C. M. Miller	1,417	23,375	57	10	3	7	100
Baylor University Hospital[*†]	Dallas, Texas	J. W. Duckett	2,895	1,596	52	20	5	8	50
Methodist Hospital[*†]	Dallas, Texas	C. C. Nash	2,277	670	29	11	6	9	100
Hermann Hospital[*†]	Houston, Texas	W. Waldron	3,065	2,599	62	24	1	3	75
St. Joseph Infirmary[*]	Houston, Texas	J. P. Barnes	1,686	522	36	17	1	3	150
Robert B. Green Memorial Hospital[*†]	San Antonio, Texas	T. A. Pressly	526	2,727	26	8	1	3	150
Scott and White Memorial Hospital[*†]	Temple, Texas	A. C. Scott and G. Y. Brindley, Sr.	4,150		43	16	4	14	200
Wichita Falls Clinic Hospital[*]	Wichita Falls, Texas	W. E. Crump	974	24,367	3	2	1	1	300
Dr. W. H. Groves Latter-Day Saints Hospital[*†]	Salt Lake City	E. Snow	7,741	1,176	91	40	2	6	125
St. Mark's Hospital[*†]	Salt Lake City	M. C. Lindem	2,097	147	48	25	3	4	100
Mary Fletcher Hospital[*†]	Burlington, Vt.	A. G. Mackay	913	561	12	7	1	3	50
Alexandria Hospital[*†]	Alexandria, Va.	C. L. Fifer	1,120		28	16	1	3	120
Chesapeake and Ohio Hospital	Clifton Forge, Va.	J. M. Emmett	3,077	8,139	40	16	..	..	100
Jefferson Hospital[*]	Roanoke, Va.	A. P. Jones	2,943	6,816	19	8	1	4	175
Beckley Hospital	Beckley, W. Va.		2,622	15,925	41	25	1	3	150
Charleston General Hospital[*†]	Charleston, W. Va.	J. E. Cannaday and H. A. Bailey	2,455	3,442	33	14	2	5	125
St. Mary's Hospital[*]	Huntington, W. Va.	F. L. Coffey	3,445	5,200	20	6	2	4	125
Laird Memorial Hospital	Montgomery, W. Va.	W. R. Laird	2,434	11,284	43	18	1	3	150
St. Joseph's Hospital[*†]	Parkersburg, W. Va.	A. B. Lutz	2,543	200	45	20	2	4	150
Myers Clinic Hospital [†]	Philippi, W. Va.	H. C. Myers	1,395	11,932	22	12	1	3	200
Madison General Hospital[*†]	Madison, Wis.	J. P. Malec	1,286	...	34	17	2	4	50
Columbia Hospital[*]	Milwaukee	F. Raine	1,528	...	61	37	3	3	75
Milwaukee County Hospital[*†]	Milwaukee	C. F. Conroy	1,776	9,210	117	53	3	12	50
Milwaukee Hospital[*†]	Milwaukee	I. Schulz	3,815	3,170	41	28	1	3	125
St. Joseph's Hospital[*]	Milwaukee	F. Stratton	5,702	910	55	26	1	4	75
Queen's Hospital[*†]	Honolulu, Hawaii	J. E. Stode	1,807	6,620	24	18	2	5	100
San Juan City Hospital	San Juan, Puerto Rico	J. N. Benitez	2,223	31,331	47	23	2	5	150

The following hospitals approved by the Council, the American Board of Surgery and the American College of Surgeons through the Conference Committee on Graduate Training in Surgery, offer training in surgery of less than three years' duration, which is integrated with or contributory to a fully approved program.

Hospitals, 33 Assistant Residencies and Residencies, 70

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[‡]	Total Residences Offered[‡]	Beginning Stipend (Month)
UNITED STATES NAVY									
U. S. Naval Hospital[*]	Great Lakes, Ill.	E. S. Lowe	1,796	716	28	24	..	..	...
NONFEDERAL									
Glendale Sanitarium and Hospital[*]	Glendale, Calif.	J. Janzen	3,086	2,870	31	17	2	2	181
Peralta Hospital [†]	Oakland, Calif.	J. L. Lohse	4,708	...	66	29	3	3	125
Samuel Merritt Hospital	Oakland, Calif.	W. Crane	1,432		9	7			100
French Hospital[*†]	San Francisco	W. L. Rogers	4,004	2,631	7	4	2	3	100
Children's Hospital [†]	Denver	G. B. Packard	770	650	16	14	..	1	50
Children's Memorial Hospital [†]	Chicago	W. J. Potts	2,206	2,744	16	15	..	2	75
St. Francis Hospital[*†]	Peoria, Ill.	C. D. Branch	2,088	5,830	12	7	1	3	100
Norton Memorial Infirmary[*†]	Louisville, Ky.	S. S. Clark	1,662	...	29	13	2	3	100
Truesdale Hospital[*†]	Fall River, Mass.						..	..	...
Salem Hospital[*†]	Salem, Mass.	W. G. Phippen	1,743	802	58	24	..	1	85
Pondville Hospital	Walpole, Mass.			...	...	...	...	...	...
Northwestern Hospital[*†]	Minneapolis	R. E. Priest	1,527	...	16	10	3	3	175
St. Louis Children's Hospital	St. Louis, Mo.		...	...	...	...	..	..	...

Numerical and other references will be found on page 462.

V 1
195

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[#]	Total Residences Offered[#]	Beginning Stipend (Month)
Bishop Clarkson Memorial Hospital*	Omaha	J. D. Bisgard	1,211	315	20	13	1	1	100
Mary Hitchcock Hospital*[1]	Hanover, N.H.	G. A. Lord	3,530	13,067	35	30	5	17	163
Brooklyn Cancer Institute [1]	Brooklyn	I. Siris						2	80
Coney Island Hospital*[1]	Brooklyn	J. E. Hammett	2,163	25,858	96	27	2	6	90
United Hospital*	Port Chester, N.Y.	J. V. Hibbard	2,116	1,035	75	33	1	2	150
Children's Hospital [1]	Akron, Ohio	S. A. Schlveter	4,030	1,124	16	7	0	1	200
Children's Hospital	Cincinnati	B. N. Carter	1,237	1,018	..	..	1	2	...
St. Francis Hospital [1]	Columbus, Ohio	R. M. Zollinger	3,073	..	66	48	1	4	97
Bradford Hospital	Bradford, Pa	C. Smith	848	11,806	14	6	1	1	200
Easton Hospital*[1]	Easton, Pa	T. C. Zulick, Jr.	2,367	5,584	46	23	1	1	132
Children's Hospital [1]	Philadelphia	C. E. Koop	1,720	4,756	29	23	..	3	60
Children's Hospital	Pittsburgh	E. W. Meredith and G. V. Foster	1,334	3,126	25	12	..	..	...
Gaston Hospital	Dallas, Texas	J. V. Goode	43	41	..	..	..	..	...
M. D. Anderson Hospital for Cancer Research [1]	Houston, Texas	R. L. Clark, Jr.	898	9,200	40	28	..	6	150
Methodist Hospital*[1]	Houston, Texas	L. L. D. Tuttle	864	206	11	..	..	..	75
Holy Cross Hospital*[1]	Salt Lake City	K. B. Castleton	3,436	1,295	39	16	3	7	75
Lewis Gale Hospital*[1]	Roanoke, Va	W. L. Sibley	1,165	15,917	11	6	1	2	150
Chesapeake and Ohio Hospital [1]	Huntington, W. Va	R. J. Wilkinson	2,493	10,390	38	11	1	3	115
Milwaukee Children's Hospital*	Milwaukee	A. A. Schaefer	645	2,145	23	19	1	1	...

The following services are approved by the Council as offering satisfactory training of one or two years' duration, in preparation for residency training in the surgical specialties (Surgical Residencies, J.A.M.A., 142:1216 (April 15, 1950).

Hospitals, 129 Assistant Residencies and Residencies, 292

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[#]	Total Residences Offered[#]	Beginning Stipend (Month)
UNITED STATES ARMY									
Army and Navy General Hospital*	Hot Springs, Ark	W. W. Nichol	724	432	12	10	1	1	...
UNITED STATES PUBLIC HEALTH SERVICE									
U. S. Public Health Service Hospital*[1]	Detroit, Mich	M. B. Noyes	1,410	1,559	20	14	..	..	...
U. S. Public Health Service Hospital*	Cleveland	M. E. Myers	1,208	570	11	7	..	..	...
FEDERAL SECURITY AGENCY									
St. Elizabeth's Hospital*[1]	Washington, D.C.	W. A. Parker	1,003	9,348	79	57	..	1	...
NONFEDERAL									
City Hospital*	Mobile, Ala	W. R. Meeker	1,208	4,040	51	31	2	2	175
Memorial Hospital*[1]	Phoenix, Ariz	J. Emert	807	253	24	10	2	2	200
St. Joseph's Hospital*[1]	Phoenix, Ariz	T. W. Woodman	4,591	..	35	20	2	2	175
Tucson Medical Center*[1]	Tucson, Ariz	F. J. Lessmann	846	924	12	2	4	4	200
Arkansas Baptist Hospital*[1]	Little Rock, Ark	E. C. Gay	1,510	..	39	11	2	2	..
St. Vincent Infirmary*[1]	Little Rock, Ark	W. G. Cooper	4,458	1,933	30	12	1	1	125
Seaside Memorial Hospital*[1]	Long Beach, Calif	W. S. Cheney	1,889	6,160	23	12	4	4	150
Santa Fe Coast Lines Hospital*	Los Angeles	L. Chaffin	909	14,750	40	8	2	2	195
Collis P. and Howard Huntington Memorial Hospital*	Pasadena, Calif	J. M. Marshall	3,784	4,557	114	67	1	2	130
San Bernardino County Charity Hospital*	San Bernardino, Calif	C. Sprague	822	8,645	25	14	..	3	170
Children's Hospital*[1]	San Francisco	A. Kilgore	725	2,311	9	6	1	1	50
Mary's Help Hospital*[1]	San Francisco	E. Carlson	1,729	2,637	6	3	1	2	150
St. Luke's Hospital*[1]	San Francisco	G. D. Delprat	4,486	1,483	42	20	1	3	150
Santa Clara County Hospital*[1]	San Jose, Calif	M. M. Pickworth	572	2,027	35	24	2	4	235
Community Hospital of San Mateo County [1]	San Mateo, Calif	K. H. Prindle	2,066	3,234	52	31	..	4	300
St. John's Hospital*	Santa Monica, Calif	J. F. Roberts	910	129	7	6	..	..	100
Corwin Hospital*	Pueblo, Colo	S. B. Potter and J. E. A. Connell	518	..	9	7	..	4	50
Lawrence and Memorial Associated Hospitals*[1]	New London, Conn	F. B. Hartman	2,978	..	40	10	2	2	125
Norwalk Hospital*[1]	Norwalk, Conn	E. C. Beck	1,465	181	15	7	2	2	155
St. Mary's Hospital	Waterbury, Conn	C. Audet	2,689	2,704	39	5	1	2	150
Sibley Memorial Hospital*[1]	Washington, D.C.	P. S. Putzki	5,858	58	52	31	2	5	100
Riverside Hospital [1]	Jacksonville, Fla	E. Jelks	981	7,308	13	8	1	1	150
St. Luke's Hospital*	Jacksonville, Fla	K. A. Morris	1,336	4,847	33	14	1	2	140
St. Francis Hospital	Miami Beach, Fla								
Orange Memorial Hospital*[1]	Orlando, Fla	J. R. Chappell	2,364	..	79	31	1	3	210
Tampa Municipal Hospital*	Tampa, Fla	C. F. Chunn	2,263	1,577	54	17	1	1	100
Georgia Baptist Hospital*[1]	Atlanta, Ga	T. C. Davison	1,662	150	18	9	2	5	175
St. Joseph's Infirmary*	Atlanta, Ga	W. P. Nicolson, Jr.	3,086	1,761	34	15	1	3	170
Henrotin Hospital*	Chicago	C. B. Puestow	1,660	14,221	22	15	1	1	100
Hospital of St. Anthony de Padua*[1]	Chicago								
Illinois Central Hospital*[1]	Chicago	C. C. Guy	2,955	15,909	43	13	1	1	206.32
Norwegian American Hospital*[1]	Chicago	R. Johnson	2,029	..	10	2	3	4	150
Ravenswood Hospital*[1]	Chicago	J. D. Farrington	3,038	2,865	56	48	1	1	75
St. Anne's Hospital*[1]	Chicago	P. F. Fox	2,535	530	36	7	2	2	150
Women and Children's Hospital*[1]	Chicago	E. Giryotas	363	569	5	3	1	1	75
Woodlawn Hospital*[1]	Chicago	H. P. Jenkins	707	616	9	4	2	2	150
Little Company of Mary Hospital*[1]	Evergreen Park, Ill	E. D. Huntington	2,450	..	36	12	3	3	100
Methodist Hospital of Central Illinois*[1]	Peoria, Ill	F. A. Christensen	3,435	1,836	50	26	3	3	200
Ball Memorial Hospital*[1]	Muncie, Ind	W. C. Moore	3,989	..	65	23	1	1	150
St. Francis Hospital*[1]	Wichita, Kans	L. E. Knapp	2,074	..	52	21	2	2	..
Good Samaritan Hospital*[1]	Lexington, Ky	F. M. Massie	1,845	..	22	4	1	1	150
Hotel Dieu-Sisters Hospital*	New Orleans	L. J. O'Neil	3,093	593	94	34	1	2	100
Bon Secours Hospital*	Baltimore	C. Stewart	976	1,275	17	6	1	1	130
Suburban Hospital	Bethesda, Md	A. L. Riddick	1,944	263	10	5	1	1	100
Lahey Clinic	Boston	F. H. Lahey	4,039	24,163	48	23	23	23	125
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass	H. H. Howard	1,025	644	19	16	..	4	200
Lynn Hospital*[1]	Lynn, Mass	C. F. Twomey	1,441	14,084	37	14	1	1	..
Malden Hospital	Malden, Mass	W. E. Garrey	1,967	..	50	22	2	3	50
Quincy City Hospital*	Quincy, Mass	J. E. Knowlton	1,907	680	57	30	2	2	150
Detroit Memorial Hospital*[1]	Detroit	J. C. Fremont	5,926	1,672	55	21	3	9	150

Numerical and other references will be found on page 462.

147
51

26. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[#]	Total Residences Offered[#]	Beginning Stipend (Month)
Woman's Hospital[*†]	Detroit	W. E. Johnston	2,397	77	33	13	1	2	180
Asbury Hospital[*†]	Minneapolis	H. E. Hoffert	3,438	...	34	11	1	1	150
Lutheran Deaconess Home and Hospital[*]	Minneapolis	G. S. Bergh	871	...	5	...	...	...	...
Swedish Hospital[*†]	Minneapolis	...	4,727	...	72	22	3	6	158
Ellis Fischel State Hospital	Columbia, Mo.	J. J. Modlin	860	...	22	18	...	...	...
Menorah Hospital Medical Center[*†]	Kansas City, Mo.	H. Lapp	1,513	...	21	16	1	2	200
St. Mary's Hospital[*†]	Kansas City, Mo.	F. L. Feierabend	3,318	...	25	15	2	2	125
Missouri Methodist Hospital[*]	St. Joseph, Mo.	C. Greenberg	3,688	1,789	84	27	1	1	250
Missouri Baptist Hospital[*†]	St. Louis	G. Rendleman	1,992	...	48	15	3	6	90
St. Anthony's Hospital[*†]	St. Louis	J. E. VonKaenel	3,846	...	62	14	1	1	150
St. Luke's Hospital[*†]	St. Louis	E. V. Mastin	2,384	1,093	27	7	2	2	200
Hackensack Hospital[*†]	Hackensack, N.J.	A. I. Mader, Jr.	5,264	5,240	119	32	3	3	194
Monmouth Memorial Hospital[*†]	Long Branch, N.J.	J. E. Maher	1,756	997	345	44	2	2	200
Mountainside Hospital[*†]	Montclair, N.J.	R. G. Stewart	4,251	4,821	72	21	1	3	100.74
Fitkin Memorial Hospital[*†]	Neptune, N.J.	O. K. Parry	2,148	1,596	66	25	1	2	200
Presbyterian Hospital[†]	Newark, N.J.	C. MacArthur	4,659	300	71	34	4	4	125
Muhlenberg Hospital[*]	Plainfield, N.J.	B. E. Glass and C. A. Hoffman	3,821	1,294	94	15	1	1	200
Mercer Hospital[*†]	Trenton, N.J.	E. B. Bearsto	1,549	848	46	21	1	1	150
St. Francis Hospital[*†]	Trenton, N.J.	L. Haggerty	3,922	7,821	126	40	2	4	200
Children's Hospital[†]	Buffalo	W. L. Machemer	883	1,644	22	16	...	2	25
Mary McClellan Hospital	Cambridge, N.Y.	D. M. Vickers	860	5,309	34	7	1	1	...
Flushing Hospital[*†]	Flushing, N.Y.	C. M. Baker	4,579	13,687	75	32	1	3	100
Gouverneur Hospital[*†]	New York City	R. F. Carter	1,195	11,343	82	10	...	...	90
Lebanon Hospital[*†]	New York City	B. Sherwin and M. Cohen	1,926	...	180	50	1	1	100
Mother Cabrini Memorial Hospital[*]	New York City	J. P. Alvich	1,191	526	37	10	1	1	200
New York Infirmary[*†]	New York City	A. Hubert	1,428	5,694	7	3	1	1	75
Sydenham Hospital[*†]	New York City	S. Standard	2,097	1,836	24	...	1	1	140
White Plains Hospital[*†]	White Plains, N.Y.	E. G. Ramsdell	3,026	953	64	31	1	2	75
James Walker Memorial Hospital[*]	Wilmington, N.C.	J. W. Hooper	2,174	8,657	49	15	2	2	150
City Memorial Hospital[*†]	Winston-Salem, N.C.	R. T. Odom	1,688	3,215	34	17	2	4	150
Kate Bitting Reynolds Memorial Hospital[*]	Winston-Salem, N.C.	R. T. Odom	2,225	7,198	52	20	1	3	150
Bismarck Hospital	Bismarck, N.D.	R. H. Waldschmidt	2,037	34,108	42	21	3	3	300
St. Luke's Hospital[*†]	Fargo, N.D.	...	...	...	...	...	...	...	...
St. Thomas Hospital[*†]	Akron, Ohio	A. F. Dorner	1,239	679	14	6	4	8	200
Deaconess Hospital[*†]	Cincinnati	L. Feid and R. W. Good	2,881	...	28	6	3	3	150
Fairview Park Hospital[*†]	Cleveland	W. E. Smith	936	286	15	8	3	5	100
Doctors' Hospital[*]	Cleveland Heights, Ohio	R. R. Renner	2,223	...	33	19	3	3	200
St. Elizabeth Hospital[*]	Dayton, Ohio	C. J. Derby	6,922	...	74	26	2	2	250
Mercy Hospital[*†]	Hamilton, Ohio	C. A. Leyrer	1,978	577	45	12	1	1	200
Mansfield General Hospital	Mansfield, Ohio	...	...	...	...	...	...	...	...
Wesley Hospital[*†]	Oklahoma City	J. H. Robinson	3,941	3,730	49	32	3	3	150
St. John's Hospital[*†]	Tulsa, Okla.	D. L. Garrett	5,145	...	97	33	3	3	150
Providence Hospital[*†]	Portland, Ore.	L. P. Gambee	4,552	...	62	38	1	1	75
Hazelton State Hospital	Hazelton, Pa.	...	...	...	...	...	...	...	...
Doctors' Hospital[*†]	Philadelphia	E. C. Murphy	852	1,272	16	6	...	...	...
Frankford Hospital[*†]	Philadelphia	B. H. Chandlee and R. Lorry	1,508	...	45	17	...	2	200
Misericordia Hospital[*†]	Philadelphia	D. C. Geist	2,188	5,294	76	20	1	1	150
St. Joseph's Hospital[*]	Philadelphia	...	...	...	...	...	...	...	...
St. Mary's Hospital[*]	Philadelphia	P. A. McCarthy	1,717	8,191	54	12	...	...	...
Mercy Hospital[*†]	Wilkes-Barre, Pa.	W. J. McGuigan	1,764	1,308	19	6	2	2	100
Wilkes-Barre General Hospital[*†]	Wilkes-Barre, Pa.	M. C. Rumbaugh	3,531	1,658	89	20	3	3	100
Columbia Hospital[*†]	Wilkinsburg, Pa.	W. B. Hetzel	2,084	10,244	28	6	1	2	200
Newell Hospital	Chattanooga, Tenn.	E. T. Newell, Jr.	1,776	21,634	58	20	3	3	400
Brackenridge Hospital[*†]	Austin, Texas	G. Tipton	1,418	...	60	28	1	1	180
St. Paul's Hospital[*†]	Dallas, Texas	C. B. Carter	2,388	3,451	24	6	3	6	100
Harris Hospital[*†]	Fort Worth, Texas	W. B. Swift	2,104	514	22	11	1	1	125
Memorial Hospital	Houston, Texas	L. E. Williford	6,758	1,980	60	19	6	6	150
Southern Pacific Hospital	Houston, Texas	J. R. Gandy	408	5,737	9	5	2	2	125
Thomas D. Dee Memorial Hospital[*†]	Ogden, Utah	D. W. Tanner	1,324	...	23	10	2	2	150
Bishop De Goesbriand Hospital[*†]	Burlington, Vt.	Gladstone	987	632	7	5	1	2	100
Elizabeth Buxton Hospital	Newport News, Va.	R. Buxton	...	...	...	...	2	2	200
Riverside Hospital[*†]	Newport News, Va.	B. Gillespie	1,035	...	12	3	2	3	175
De Paul Hospital[*†]	Norfolk, Va.	C. C. Smith	3,693	1,446	59	38	2	2	125
St. Elizabeth's Hospital[†]	Richmond, Va.	G. W. Horsely	1,192	...	10	7	1	2	100
Doctors' Hospital[*]	Seattle, Wash.	D. K. Crystal	4,566	...	50	41	2	2	125
Providence Hospital[*†]	Seattle, Wash.	R. L. Zech	2,093	704	12	8	2	2	110
Swedish Hospital[*†]	Seattle, Wash.	F. Jarvis	2,923	...	15	6	3	3	100
St. Luke's Hospital[*†]	Spokane, Wash.	N. R. Brown	3,082	...	73	42	1	1	125
Kanawha Valley Hospital[*†]	Charleston, W. Va.	J. C. Condry	2,054	1,791	36	15	1	2	200
La Crosse Lutheran Hospital[*†]	La Crosse, Wis.	S. Gundersen	2,058	...	13	10	1	1	150
Methodist Hospital[*]	Madison, Wis.	A. S. Jackson	717	349	21	11	1	1	125
Evangelical Deaconess Hospital[*]	Milwaukee	K. Schlaepfer	4,314	...	23	...	...	1	250
Mount Sinai Hospital[*]	Milwaukee	D. V. Eleonin	1,566	594	29	16	1	3	100
St. Luke's Hospital[*†]	Milwaukee	...	1,360	...	25	9	2	2	205
St. Mary's Hospital[*]	Milwaukee	E. W. Miller	6,059	...	30	20	1	1	100

27. THORACIC SURGERY

The following services are approved by the Council and the Board of Thoracic Surgery. Residencies in this specialty have been approved without specifying the number of years for which they are accredited. The Board will give appropriate credit for training in these hospitals on an individual basis.

Hospitals, 50 Assistant Residencies and Residencies, 117

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[#]	Total Residences Offered[#]	Beginning Stipend (Month)
UNITED STATES ARMY									
Fitzsimons Army Hospital[*]	Denver, Colo.	R. C. Major	818	297	9	8	...	...	...
Army Medical Center[#27]	Washington, D. C.	J. S. Paul	199	272	...	...	...	...	...

Numerical and other references will be found on page 462.

V 1
195

27. THORACIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[5]	Total Residences Offered[5]	Beginning Stipend (Month)
UNITED STATES NAVY									
U. S. Naval Hospital*[1]	St. Albans, N. Y.	C. F. Storey	89	...	4	4	..	..	...
VETERANS ADMINISTRATION									
Veterans Admin. Hospital*[1]	Long Beach, Calif.	J. Weinberg	168	504	26	16	..	2	...
†Veterans Admin. Hospital*[1]	Chamblee, Ga.	P. H. Guilfoil	265	...	13	8	1	2	...
Veterans Admin. Hospital	Hines, Ill.	J. Head	761	...	24	12	..	3	...
Veterans Admin. Hospital	Rutland Heights, Mass.	J. J. Cincotti	200	21	9	5	1	1	...
Veterans Admin. Hospital †	Minneapolis	T. J. Kinsella	...	...	15	11	..	..	...
Veterans Admin. Hospital †	Jefferson Barracks, Mo.	T. Burford	300	...	16	11	1	1	...
Veterans Admin. Hospital †	Castle Point, N. Y.	J. V. Comer	446	...	..	..	..	2	...
Veterans Admin. Hospital †	New York City	F. B. Berry	177	496	18	11	1	3	...
Veterans Admin. Hospital	Otteen, N. C.	J. D. Murphy	1,020	108	24	17	..	5	...
Veterans Admin. Hospital †	Cleveland	E. B. Kay	124	72	6	5	1	2	...
Veterans Admin. Hospital	Memphis	F. A. Hughes	445	...	24	18	1	4	...
Veterans Admin. Hospital*[1]	McKinney, Texas	J. Carswell	209	...	15	14	1	1	...
Veterans Admin. Hospital*	Richmond, Va.	F. P. Coleman	244	...	14	10	1	3	...
Veterans Admin. Hospital †	Martinburg, W. Va.	R. K. Hollingsworth	231	110	3	2	2	2	...
NONFEDERAL									
Los Angeles Sanatorium	Duarte, Calif.	A. Goldman	260	...	3	3	1	1	300
Highland-Alameda County Hospital*[1]	Oakland, Calif.	P. C. Sampson	...	...	..	..	..	2	145
Olive View Sanatorium †	Olive View, Calif.	C. E. Babcock and J. P. Ford, Jr.	581	...	..	..	4	4	464
†National Jewish Hospital †	Denver	J. B. Grow	376	...	..	..	1	1	200
Grace-New Haven Community Hospital New Haven Unit (University Service)*[1]	New Haven, Conn.	G. E. Lindskog	271	...	4	3	..	3	40
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	W. O. Kelley	167	...	5	1	1	1	420
†University Hospital*[1]	Augusta, Ga.	...	...	...	...	...	...	...	...
City of Chicago Municipal Tuberculosis Sanitarium	Chicago	W. Lees	1,547	...	10	5	4	8	125
Boston Sanatorium	Boston	J. Streider	85	...	7	4	1	3	180
University Hospital*[1]	Ann Arbor, Mich.	J. Alexander	736	3,897	32	20	1	11	124
Herman Kiefer Hospital †	Detroit	E. J. O'Brien	483	888	15	7	4	6	397
Barnes Hospital*	St. Louis	E. A. Graham	665	...	24	21	2	6	...
Berthold S. Pollak Hospital for Chest Diseases †	Jersey City, N. J.	F. Bortone	364	13,311	4	2	2	3	100
Albany Hospital	Albany, N. Y.	...	...	...	...	...	...	...	...
Kings County Hospital*[1]	Brooklyn	L. Hochberg	406	1,801	53	15	1	2	...
Edward J. Meyer Memorial Hospital*[1]	Buffalo	J. D. Stewart	141	197	14	6	1	2	100
Herman M. Biggs Memorial Hospital	Ithaca, N. Y.	R. Douglass	213	...	..	..	3	3	250
Triboro Hospital †	Jamaica, N. Y.	L. Miscall	...	...	16	3	4	4	130
Bellevue Hospital, Div. I—Columbia University*[1]	New York City	F. B. Berry	262	279	22	5	2	3	80
Metropolitan Hospital*[1]	New York City	S. A. Thompson	84	...	11	2	1	2	80
Seton Memorial Hospital †	New York City	A. E. W. Ada	102	267	8	3	2	2	130
Homer Folks Tuberculosis Hospital †	Oneonta, N. Y.	A. M. Skinner	143	13	6	4	1	2	385
Ray Brook State Tuberculosis Hospital †	Ray Brook, N. Y.	J. Gordon	163	26	17	2	2	3	350
Sea View Hospital †	Staten Island, N. Y.	L. R. Davidson	212	338	12	4	3	3	140
City Hospital*[1]	Cleveland	S. O. Freedlander	111	702	25	7	..	2	77
Benjamin Franklin Hospital	Columbus, Ohio	...	...	...	..	..	..	..	...
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	W. Conklin	213	...	4	1	1	2	85
Episcopal Hospital*[1]	Philadelphia	R. P. Glover	104	...	10	6	1	1	50
Hahnemann Hospital*[1]	Philadelphia	C. P. Bailey	493	188	35	21	1	3	50
Baptist Memorial Hospital	Memphis, Tenn.	...	...	...	...	...	...	...	...
Baylor University Hospital*[1, 73]	Dallas, Texas	R. R. Shaw	197	43	7	3	1	1	50
Firland Sanatorium †	Seattle, Wash.	F. J. Jarvis	434	...	15	9	1	1	150
Leahi Hospital	Honolulu, T. H.	P. W. Gebauer	276	...	3	2	1	1	300

28. UROLOGY

The following services are approved by the Council and the American Board of Urology.

Hospitals, 182 Assistant Residencies and Residencies, 545

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[5]	Total Residences Offered[5]	Length of Approved Program (Years)	Beginning Stipend (Month)
UNITED STATES ARMY										
Letterman Army Hospital*	San Francisco, Calif.	J. W. Schwartz	813	2,124	9	8	..	..	2	...
Fitzsimons Army Hospital*	Denver, Colo.	J. N. Furst	405	1,670	2	2	..	..	1	...
Army Medical Center*[27]	Washington, D.C.	J. C. Kimbrough	607	3,835	6	5	2	7	3	...
Brooke Army Medical Center*[28]	San Antonio, Tex.	R. J. Getz	1,192	7,348	21	19	..	..	3	...
Tripler Army Hospital*	Honolulu, T.H.	C. C. Dodson	1,304	3,506	1	1	..	..	3	...
UNITED STATES NAVY										
U. S. Naval Hospital*	Oakland, Calif.	J. W. Rogers	876	1,058	14	9	..	2	3	...
U. S. Naval Hospital*	San Diego, Calif.	P. E. Ruth	939	4,867	7	5	2	2	3	...
U. S. Naval Hospital*[1]	Bethesda, Md.	H. J. Cokely	540	2,551	12	8	2	5	3	...
U. S. Naval Hospital*	Philadelphia	L. A. Newton	662	1,857	15	6	..	..	3	...
UNITED STATES PUBLIC HEALTH SERVICE										
U. S. Public Health Service Hospital*[1]	Baltimore, Md.	J. S. Haines	415	1,846	6	5	1	1	2	...
U. S. Public Health Service Hospital*[1]	Staten Island, N.Y.	C. Ferguson	612	2,003	7	5	1	3	3	...
FEDERAL SECURITY AGENCY										
Freedmen's Hospital*[1]	Washington, D.C.	R. F. Jones	317	2,928	16	7	..	1	3	...
VETERANS ADMINISTRATION										
Veterans Admin. Hospital*[1]	Long Beach, Calif.	D. Malcolm	1,232	1,466	20	16	1	3	3	...
Veterans Admin. Hospital*	Los Angeles, Calif.	G. J. Thomas	1,448	3,336	31	25	2	5	3	...

Numerical and other references will be found on page 462.

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths on Service	Autopsies	First Year Residences Offered[a]	Total Residences Offered[a]	Length of Approved Program (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital	San Francisco	F. Hinman and H. M. Weyrauch	322	264	5	4	1	3	3	...
Veterans Admin. Hospital*	Newington, Conn	T. H. Frazier	344	759	5	5	1	1	2	...
Veterans Admin. Hospital	Washington, D.C.	J. G. Lee	147	404	..	..	..	1	3	...
Veterans Admin. Hospital*[1]	Chamblee, Ga.	M. K. Bailey	630	..	2	1	1	2	3	...
Veterans Admin. Hospital	Hines, Ill.	F. Lloyd	2,542	..	48	22	..	9	3	...
Veterans Admin. Hospital[1]	Wadsworth, Kans.	I. S. Brown	605	..	10	7	1	3	3	...
Veterans Admin. Hospital[1]	Louisville	M. I. Schwalbe	734	1,975	11	4	1	2	2	...
Veterans Admin. Hospital	New Orleans	E. Burns	396	460	11	6	1	3	3	...
Veterans Admin. Hospital[1]	Fort Howard, Md.	H. J. Meisel	312	161	7	6	..	1	3	...
Veterans Admin. Hospital[1]	Boston (West Roxbury)	S. Vose	346	477	8	7	1	2	2	...
Veterans Admin. Hospital[1]	Framingham, Mass.	H. S. Talbot	446	1,258	8	7	1	2	3	...
Veterans Admin. Hospital	Minneapolis	C. D. Creevy	939	900	23	15	2	2	..	...
Veterans Admin. Hospital[1]	Jefferson Barracks, Mo.	J. J. Cordonnier	664	..	8	7	1	4	3	...
Veterans Admin. Hospital	Lincoln, Nebr.	A. D. Munger	373	..	7	6	1	2	3	...
Veterans Admin. Hospital[1]	Brooklyn	H. C. Harlin	960	..	14	6	1	3	3	...
Veterans Admin. Hospital[1]	New York City	A. L. Dean	869	579	36	25	1	4	3	...
Veterans Admin. Hospital[1]	Cleveland	J. J. Joelson	533	385	20	14	1	3	3	...
Veterans Admin. Hospital	Dayton, Ohio	H. I. Berman	421	387	22	9	1	3	3	...
Veterans Admin. Hospital	Portland, Ore.	F. B. Potamps	505	..	10	7	..	1	3	...
Veterans Admin. Hospital	Aspinwall, Pa.	C. A. Nichin	535	..	26	11	..	3	3	...
Veterans Admin. Hospital	Columbia, S.C.	H. E. Wyman	728	675	10	5	1	4	3	...
†Veterans Admin. Hospital	Memphis	W. S. Bradley, Jr.	806	423	9	5	1	3	3	...
Veterans Admin. Hospital[1]	Dallas, Tex.	R. C. Smith	289	..	5	5	1	2	3	...
Veterans Admin. Hospital*[1]	Houston, Tex.	J. R. Blundell	385	..	15	11	..	2	3	...
Veterans Admin. Hospital*[1]	McKinney, Tex.	P. A. Duff	381	1,300	7	3	1	1	3	...
Veterans Admin. Hospital[1, 43]	White River Jct., Vt.	W. L. McLaughlin	1,019	1,686	9	6	1	2	3	...
Veterans Admin. Hospital*	Richmond, Va.	R. C. Bunts	1,001	407	9	3	1	3	3	...
Veterans Admin. Hospital[1]	Milwaukee	J. C. Sargent	478	531	11	8	3	3	3	...
NONFEDERAL										
†Carraway Methodist Hospital*[1]	Birmingham, Ala.	L. Timberlake	320	2,139	6	4	1	3	3	150
Jefferson-Hillman Hospital*	Birmingham, Ala.	B. Barelare	535	5,263	20	7	1	3	3	50
Lloyd Noland Hospital	Fairfield, Ala.	..	..	..	..	..	..	..	1	..
Los Angeles County Hospital*[1]	Los Angeles	J. J. Crane	2,596	15,850	194	70	7	7	3	165
Presbyterian Hospital-Olmsted Memorial*	Los Angeles	T. O. Powell	739	..	21	9	1	2	2	100
White Memorial Hospital*	Los Angeles	R. W. Barnes	509	6,172	21	15	1	1	3	120
San Diego County General Hospital*[1]	San Diego, Calif.	R. J. Prentiss	377	2,711	25	12	1	3	3	125
Franklin Hospital*[1]	San Francisco	F. Hinman	715	427	8	4	1	3	3	100
Southern Pacific General Hospital*[1]	San Francisco	..	618	..	4	2	1	2	2	150
Stanford University Hospitals*[1, 85]	San Francisco	H. M. Weyrauch	581	3,412	7	3	..	2	3	50
University of California Hospital*[1, 85]	San Francisco	F. Hinman	456	7,087	10	8	..	1	3	75
Santa Clara County Hospital*[1]	San Jose, Calif.	E. Henderson	228	2,028	10	9	..	1	2	235
Harbor General Hospital*	Torrance, Calif.	J. W. Dorsey	416	1,130	28	16	1	2	3	165
University of Colorado Medical Center Colorado General Hospital*[1]	Denver	D. R. Higbee	269	3,089	7	6	1	2	3	75
Denver General Hospital*[1, 24]	Denver	D. E. Newland	338	..	22	14	..	1	3	75
Grace-New Haven Community Hospital New Haven Unit (University Service)*[1]	New Haven, Conn.	C. Deming	679	2,481	21	6	..	2	3	40
Hospital of St. Raphael*[1]	New Haven, Conn.	L. L. Maurer	530	244	11	1	1	3	3	75
Waterbury Hospital*[1]	Waterbury, Conn.	H. J. Stettbacher	588	221	17	9	1	2	2	100
Gallinger Municipal Hospital*[1]	Washington, D.C.	L. Lewis and L. Culbertson	355	2,113	39	11	1	3	3	100
Duval Medical Center*	Jacksonville, Fla.	R. B. McIver	228	1,819	11	4	1	1	2	150
St. Vincent's Hospital*[1]	Jacksonville, Fla.	R. B. McIver	519	..	8	1	..	2	2	125
Jackson Memorial Hospital*[1]	Miami, Fla.	M. M. Coplan	1,033	3,288	26	11	1	2	2	60
Orange Memorial Hospital*[1]	Orlando, Fla.	L. M. Orr	773	..	16	11	1	2	2	210
Grady Memorial Hospital*[1, 74]	Atlanta, Ga.	M. K. Bailey	775	20,426	38	19	2	6	3	20
University Hospital*[1]	Augusta, Ga.	J. R. Rinker	480	955	19	8	..	2	2	40
Alexian Brothers Hospital*	Chicago	J. A. Loef	389	..	19	7	1	1	1	125
Cook County Hospital*	Chicago	H. C. Rolnick	1,649	2,570	122	12	..	3	3	32
Mercy Hospital*[1]	Chicago	H. E. Sandes	460	1,792	19	6	..	3	3	25
Michael Reese Hospital*[1]	Chicago	I. Shapiro	539	2,226	13	8	1	3	3	25
Mount Sinai Hospital*	Chicago	L. A. Maslow	393	1,247	21	3	1	1	2	50
Presbyterian Hospital*	Chicago	N. J. Heckel	837	3,752	7	7	2	4	3	25
Provident Hospital*[1]	Chicago	W. S. S. Grant	147	..	4	3	..	1	3	50
St. Luke's Hospital*[1]	Chicago	W. J. Baker	565	2,118	14	9	..	2	3	25
University of Chicago Clinics*	Chicago	C. B. Huggins	288	5,158	11	7	..	1	3	25
Wesley Memorial Hospital*[1]	Chicago	V. J. O'Conor	869	..	10	5	1	1	3	25
†Evanston Hospital*[1]	Evanston, Ill.	J. F. Farrell	277	..	7	6	1	1	3	50
St. Francis Hospital*	Evanston, Ill.	B. E. Fillis	616	47	12	8	1	1	1	150
St. Francis Hospital*[1]	Peoria, Ill.	A. Sprenger	774	318	26	13	1	2	3	100
Indianapolis General Hospital*[1]	Indianapolis	W. N. Wishard	322	2,862	22	9	1	2	3	80
Indiana University Medical Center*[1]	Indianapolis	H. O. Mertz	317	1,983	9	7	1	3	3	150
Methodist Hospital*	Indianapolis	R. D. Howell	1,819	..	26	10	1	2	2	260
University Hospitals*[1]	Iowa City	R. H. Flocks	1,661	1,472	43	21	2	5	3	50
University of Kansas Medical Center*[1]	Kansas City, Kans.	W. Vaik	728	2,375	21	15	1	3	3	100
St. Joseph Hospital*[1]	Lexington, Ky.	E. H. Ray	623	..	6	3	1	1	1	140
Louisville General Hospital*[1]	Louisville, Ky.	R. Lich, Jr.	315	4,717	20	7	1	1	3	50
Charity Hospital of Louisiana*[1]	New Orleans	..	2,898	20,771	94	40	5	13	3	25
Ochsner Foundation Hospital*[1]	New Orleans	E. Burns	324	10,929	2	2	1	3	3	125
Touro Infirmary*[1]	New Orleans	E. Vickery	665	3,506	11	8	1	1	3	17
Shreveport Charity Hospital*[1]	Shreveport, La.	R. K. Womack	672	3,314	28	16	1	4	3	60
Johns Hopkins Hospital*	Baltimore	W. W. Scott	1,102	5,203	23	12	5	9	3	41.66
‡Sinai Hospital*[1]	Baltimore	B. S. Abeshouse	492	..	29	11	1	3	..	35
Beth Israel Hospital*[1]	Boston	G. C. Prather	355	2,328	..	..	..	1	2	83.33
Boston City Hospital*[1]	Boston	G. C. Prather	482	1,744	12	3	..	4	3	140
Lahey Clinic	Boston	E. E. Ewert	396	5,582	7	1	3	9	3	125
Massachusetts General Hospital*	Boston	F. H. Colby	467	5,142	25	13	1	3	3	41.66
Massachusetts Memorial Hospital*	Boston	S. N. Vose	422	1,297	5	3	1	3	3	50
New England Center Hospital*[1]	Boston	W. F. Leadbetter	234	..	5	5	..	2	3	83.33
Peter Bent Brigham Hospital*	Boston	J. H. Harrison	..	2,072	..	..	1	1	3	41.66
Mount Auburn Hospital*[1]	Cambridge, Mass.	H. Chamberlin	216	330	6	2	1	1	1	125
Worcester City Hospital*[1]	Worcester, Mass.	G. C. Tully	587	..	26	8	2	2	2	100
University Hospital*[1]	Ann Arbor, Mich.	R. Nesbit	1,194	8,504	26	16	3	6	3	124
City of Detroit Receiving Hospital*[1]	Detroit	G. Sewell	696	3,918	37	22	1	2	3	217
Grace Hospital*	Detroit	L. W. Hull	1,172	764	20	11	1	1	3	225
Harper Hospital*	Detroit	G. Sewell	1,313	1,152	27	16	1	3	3	230
Henry Ford Hospital*[1]	Detroit	J. K. Ormond	634	16,689	13	10	1	3	3	225

Numerical and other references will be found on page 462.

V 1
195

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths in Service	Autopsies	First Year Residences Offered[4]	Total Residences Offered[4]	Length of Approved Program (Years)	Beginning Stipend (Month)
Wayne County General Hospital and Infirmary*[1]	Eloise, Mich.	W. L. Sherman	531	...	80	26	1	2	3	252.33
Minneapolis General Hospital*[1]	Minneapolis	T. H. Sweetser	272	1,376	12	7	1	1	3	125
St. Mary's Hospital*	Minneapolis	T. H. Sweetser	547	...	20	12	..	1	3	200
University of Minnesota Hospital*[1]	Minneapolis	C. D. Creevy	816	...	16	13	1	3	3	...
Mayo Foundation	Rochester, Minn.	G. J. Thompson	...	...	...	...	5	14	3	135
Ancker Hospital*[1]	St. Paul	F. E. B. Foley	348	1,686	31	23	1	3	3	91.50
Charles T. Miller Hospital*[1]	St. Paul	P. F. Donahue and F. E. B. Foley	456	597	8	6	..	1	3	115
Kansas City General Hospital No. 1*	Kansas City, Mo.	I. S. Brown	564	2,371	35	15	1	3	3	75
Research Hospital*[1]	Kansas City, Mo.	R. L. Hoffman	1,542	2,318	6	4	1	3	3	150
Barnes Hospital*	St. Louis	D. K. Rose	918	4,725	18	13	2	3	3	...
Homer G. Phillips Hospital*[1]	St. Louis	C. Wattenberg	455	3,123	30	9	2	4	3	132.80
Missouri Baptist Hospital*[1]	St. Louis	C. E. Burford	955	...	17	5	1	1	1	90
Missouri Pacific Hospital	St. Louis	A. E. Vitt	400	1,622	18	6	..	1	2	115
St. Louis City Hospital*[1]	St. Louis	C. Wattenberg and W. F. Melick	482	4,386	65	22	1	3	3	123.80
St. Mary's Group of Hospitals*[1]	St. Louis	C. E. Burford	668	3,075	14	7	1	3	3	35
Atlantic City Hospital*	Atlantic City, N.J.	C. H. Shivers	319	3,032	...	...	1	1	2	150
Bayonne Hospital and Dispensary*	Bayonne, N.J.	A. J. Balsamo	664	656	7	5	1	2	3	100
Cooper Hospital*[1]	Camden, N.J.	D. F. Bentley, Jr.	543	3,412	19	5	1	2	2	83.33
Jersey City Hospital*	Jersey City, N.J.	E. J. Daly	420	1,667	34	12	1	3	3	35
Beth Israel Hospital*[1]	Newark, N.J.	C. O. Crowley	490	3,380	50	8	1	2	3	100
Orange Memorial Hospital*[1]	Orange, N.J.	J. K. DeVries and W. P. Burpeau	440	647	24	11	1	1	2	100
Albany Hospital*	Albany, N.Y.	J. E. Heslin	873	1,124	15	14	1	1	3	50
Jewish Hospital*[1]	Brooklyn	L. Barnes	696	1,505	14	3	..	3	2	65
Kings County Hospital*[1]	Brooklyn	F. L. Senger	1,567	4,870	158	26	..	3	3	...
Long Island College Hospital*	Brooklyn	F. L. Senger	640	2,073	16	5	1	3	3	25
Methodist Hospital*[1]	Brooklyn	O. P. Schoenemann	548	921	8	2	1	1	3	25
Buffalo General Hospital*	Buffalo	O. J. Oberkircher	528	1,688	19	9	2	2	3	25
Edward J. Meyer Memorial Hospital*	Buffalo	C. E. Slotkin	467	1,267	41	18	1	3	3	100
Millard Fillmore Hospital*[1]	Buffalo	G. E. Slotkin	641	14	19	9	1	3	3	50
Queens General Hospital*[1]	Jamaica, N.Y.	B. Derrah	648	6,529	52	29	1	3	3	80
Bellevue Hospital, Div. II, Cornell University*[1]	New York City	J. W. Draper	697	8,085	32	5	1	4	3	50
Beth Israel Hospital*[1]	New York City	S. F. Wilhelm	870	1,611	14	1	1	3	3	50
French Hospital*[1]	New York City	J. D. Cooney	406	1,583	7	2	1	3	3	20
Metropolitan Hospital*[1]	New York City	T. Kirwin	579	2,566	34	8	1	2	2	80
Morrisania City Hospital*[1]	New York City	J. Duff	674	2,797	26	11	1	4	3	80
Mount Sinai Hospital*[1]	New York City	G. Oppenheimer	1,020	4,264	19	4	3	3	3	50
New York City Hospital*	New York City	J. H. Morrissey	399	2,794	22	8	1	2	2	80
New York Hospital*[1]	New York City	V. Marshal	1,536	12,210	23	..	2	5	3	25
New York Polyclinic Medical School and Hospital*	New York City	J. S. Ritter	447	...	5	2	1	2	3	75
Presbyterian Hospital*	New York City	G. F. Cahill	1,367	9,463	20	12	6	18	3	208
Roosevelt Hospital*[1]	New York City	S. A. Beisler	548	...	16	5	1	3	3	...
St. Clare's Hospital*	New York City	G. A. Fiedler	396	621	7	1	1	3	3	25
St. Luke's Hospital*[1]	New York City	J. H. Taylor	610	3,840	26	6	1	2	3	60
University Hospital*	New York City	R. Hotchkiss	517	2,402	5	2	..	2	3	80
Strong Memorial-Rochester Municipal Hospitals*[1]	Rochester, N.Y.	W. W. Scott	770	3,350	..	..	1	3	3	41.66
Sea View Hospital[1]	Staten Island, N.Y.	A. J. Greenberger	734	...	6	..	1	1	1	140
Charlotte Memorial Hospital*[1]	Charlotte, N.C.	H. W. McKay	1,291	146	10	5	1	2	3	100
Duke Hospital*[1]	Durham, N.C.	E. P. Alyea	606	4,011	11	4	2	4	3	...
Watts Hospital*	Durham, N.C.	W. M. Coppridge	587	162	6	3	1	2	2	50
North Carolina Baptist Hospital*[1]	Winston-Salem, N.C.	F. K. Garvey	563	2,468	14	6	1	3	3	41.66
Cincinnati General Hospital*[1]	Cincinnati	P. G. Smith	736	4,817	39	23	1	2	2	...
City Hospital*[1]	Cleveland	H. Trattner	494	4,014	25	9	..	2	3	77
Cleveland Clinic Hospital[1]	Cleveland	C. C. Higgins	1,204	20,402	17	7	2	12	3	...
University Hospitals*[1]	Cleveland	J. J. Joelson	754	3,613	9	..	..	1	2	...
Ohio State University Hospital*[1]	Columbus, Ohio	W. N. Taylor	504	1,924	19	13	1	4	3	50
Huron Road Hospital*[1]	East Cleveland, Ohio		501	282	13	4	..	..	2	...
St. Vincent's Hospital*[1]	Toledo, Ohio	L. P. Dolan	859	...	18	9	1	3	3	125
University Hospitals*	Oklahoma City	B. A. Hayes	205	3,126	10	4	1	1	2	50
Hillcrest Memorial Hospital*[1]	Tulsa, Okla.	J. O. Akin	300	...	9	5	1	1	3	75
St. John's Hospital*	Tulsa, Okla.	H. S. Browne	824	...	15	9	1	2	2	150
St. Vincent's Hospital*[1]	Portland, Ore.	J. R. Hand	840	...	19	9	1	2	2	75
University of Oregon Medical School Hospitals and Clinics*[1]	Portland, Ore.	C. V. Hodges	354	3,540	26	17	1	4	3	85
Allentown Hospital*[1]	Allentown, Pa.	W. C. Masonheimer	784	162	10	6	1	1	2	100
George F. Geisinger Memorial Hospital and Clinic*[1]	Danville, Pa.	W. I. Buchert	902	8,391	14	9	1	2	3	100
St. Vincent's Hospital*	Erie, Pa.		1,054	4,959	...	...	1	3	3	50
Harrisburg Hospital*[1]	Harrisburg, Pa.	S. L. Grossman	533	3,279	18	7	1	2	2	...
Episcopal Hospital*[1]	Philadelphia	G. D. Shoup	247	959	6	2	1	1	2	50
Graduate Hospital of the University of Pennsylvania*[1]	Philadelphia	J. O. Birdsall	189	5,674	3	2	1	1	2	...
Hahnemann Hospital*[1]	Philadelphia	E. W. Campbell	856	2,617	12	6	1	3	3	50
Hospital of the University of Pennsylvania*[1]	Philadelphia	B. P. Hughes	765	2,602	13	6	..	3	3	100
Jefferson Medical College Hospital*[1]	Philadelphia	D. M. Davis	1,035	5,599	14	5	3	3	3	...
Jewish Hospital*[1]	Philadelphia	J. B. Lownes	501	513	20	7	1	2	1	50
Lankenau Hospital*[1]	Philadelphia	C. A. W. Uhle	397	833	3	1	1	1	2	50
Mount Sinai Hospital*[1]	Philadelphia	M. Muschat and I. J. Carp	428	292	2	1	1	1	2	50
Pennsylvania Hospital*	Philadelphia		596	2,717	12	8	..	2	3	20
Philadelphia General Hospital*[1]	Philadelphia	L. McCrea	596	...	42	20	1	3	3	75
Presbyterian Hospital*[23]	Philadelphia	F. G. Harrison	403	3,525	20	19	1	2	3	25
Temple University Hospital*[1]	Philadelphia	K. B. Conger	535	1,527	15	11	..	2	3	...
Allegheny General Hospital*	Pittsburgh	J. C. Burt	512	460	11	..	..	2	3	100
Mercy Hospital*[1]	Pittsburgh	E. J. McCague	469	761	6	2	..	..	3	100
Pittsburgh Medical Center [76]	Pittsburgh	J. J. Lee	651	2,469	5	1	..	..	3	41.66
Robert Packer Hospital*[1]	Sayre, Pa.	W. Baurys	447	866	19	17	..	1	3	150
Mercy Hospital*	Wilkes-Barre, Pa.	P. P. Judge	329	1,750	10	4	1	1	1	75
Rhode Island Hospital*[1]	Providence, R.I.	H. K. Turner	659	1,673	25	10	1	2	2	60
Roper Hospital*[1]	Charleston, S.C.	J. J. Ravenel	743	1,582	6	2	1	3	3	50
Orangeburg Regional Hospital*	Orangeburg, S.C.	L. P. Thackston	1,623	8,534	14	9	2	4	3	100
Baptist Memorial Hospital*	Memphis	A. L. Herring	1,240	492	20	6	..	1	1	75
John Gaston Hospital*	Memphis	T. D. Moore	783	6,093	28	16	2	5	3	...
St. Joseph Hospital*[1]	Memphis	C. D. Allen	337	213	17	4	1	3	3	100
Nashville General Hospital*	Nashville	H. C. Gayden	276	1,580	17	4	1	2	2	100
Parkland Hospital*[1]	Dallas, Tex.	H. Spence	432	3,618	22	10	..	2	3	...
University of Texas Medical Branch Hospitals*[1] John Sealy Hospital	Galveston, Tex.	R. E. Cone	464	5,166	17	14	1	3	3	75
Hermann Hospital*[1]	Houston, Tex.	C. M. Crigler	1,080	1,399	12	5	1	3	3	75
Jefferson Davis Hospital*	Houston, Tex.	R. Blundell	490	5,364	41	16	..	2	3	50

Numerical and other references will be found on page 462.

147
51

28. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths in Service	Autopsies	First Year Residences Offered	Total Residences Offered	Length of Approved Program (Years)	Beginning Salary (Per Month)
Wichita Falls Clinic Hospital*	Wichita Falls, Tex.	J. R. Reagan	295	9,402	2	..	1	1	3	300
Mary Fletcher Hospital*† 75	Burlington, Vt.	W. M. Flagg	407	8	10	8	1	3	3	50
University of Virginia Hospital*	Charlottesville, Va.	S. A. Vest	681	2,732	17	8	2	5	3	50
Medical College of Virginia—Hospital Division*†	Richmond, Va.	A. I. Dodson	715	2,301	29	14	1	3	3	46.5
St. Mary's Hospital*	Huntington, W. Va.	I. R. Harwood	774	...	23	5	1	1	3	125
La Crosse Lutheran Hospital*†	La Crosse, Wis.	A. Gundersen	405	...	9	3	1	1	1	150
Madison General Hospital*	Madison, Wis.	I. R. Sisk	793	...	14	2	1	1	3	50
State of Wisconsin General Hospital*	Madison, Wis.	J. B. Wear	523	...	15	13	1	3	3	25
Milwaukee County Hospital*†	Milwaukee	R. S. Irwin	1,019	2,228	60	21	1	3	2	50

Numerical and Other References

*. Indicates hospitals approved for training interns.

†. Indicates temporary approval.

1. Residencies open to women.
2. Approved for training in Syphilology only.
3. Includes one year fellowship in Immundo-Hematology.
4. May include one year in the Medical Research Institute (and Postgraduate School).
5. Approved as offering acceptable affiliated training (maximum three months) in concurrence with the American Board of Pediatrics.
6. Maximum of six months training in Contagious Diseases accepted by the American Board of Pediatrics.
7. May include six months assignment to Department of Rehabilitation and Physical Medicine approved program.
8. Includes Fellowships.
9. Clinical data included in Neurology.
10. Includes one year Fellowships available in psychosomatic medicine.
11. Clinical data included in Otolaryngology.
12. Clinical data included in Psychiatry.
13. May include training "Home Care" Service.
14. May include fellowship training in Cardiology.
15. Includes six months assignment, Ohio State University Medical School, Columbus, Ohio.
16. May include assignment to the Institute for Cancer Research and Lankenau Hospital Research Institute, Philadelphia.
17. May include one year of fellowship in division of Endocrinology.
18. Primary service at Chicago Tumor Institute.
19. Affiliated with Bingham Associates Laboratory, Holyoke, Massachusetts.
20. Affiliated with Neurological Institute, New York City.
21. Affiliated with Institute of Ophthalmology.
22. May include one year fellowship in the Department of Oncology.
23. Includes assignment at Urologic Clinic, Philadelphia.
24. Apply: Office of Graduate Medical Education; University of Colorado Medical Center.
25. Apply: Medical College, State of South Carolina.
26. May include training in Allergy.

The following hospitals offer acceptable training which is integrated with or contributing to the fully approved program in the listing of which the footnote reference appears.

27. Walter Reed General Hospital and Army Medical Department Research and Graduate School.
28. Brooke General Hospital, 4th Army Medical Laboratory, and Medical Field Service School.
29. Veterans Administration Hospital, Newington, Conn.
30. Beverly Hospital, Beverly, Mass.
31. Children's Orthopedic Hospital, Seattle, Wash.
32. May include one year of training in the Department of Surgical Pathology.
33. Milwaukee County Hospitals and Institutions.
34. Cowell Memorial Hospital, Berkeley, Calif.
35. Arlington Hospital, Arlington, Va.
36. May include one year of training in Chronic Diseases at Jewish Hospital, Roxbury, or Holy Ghost Hospital, Cambridge, Mass.
37. University of California, San Francisco.
38. Nebraska Methodist Hospital, Omaha.
39. Allegheny Hospital, Cumberland, Md.
40. Norton Infirmary and Veterans Administration Hospital, Louisville General Hospital, Louisville, Ky.
41. Good Samaritan and St. Vincent's Hospital, Portland, Oregon.
42. Veterans Administration Hospital, Aspinwall, Pa.
43. Mary Hitchcock Memorial Hospital, Hanover, N.H.
44. Shriners Hospital for Crippled Children, Salt Lake City.
45. Louisville General Hospital and Louisville Children's Hospital.
46. Alexandria Hospital, Alexandria, Va.
47. St. Vincent's Infant and Maternity Hospital, Chicago.
48. Booth Memorial Home and Hospital, Chicago.
49. Sloan Hospital for Women, New York City.
50. Milwaukee Hospital and Martha Washington Home, Milwaukee.
51. Children's Hospital of Philadelphia.
52. Minneapolis General Hospital and Veterans Administration Hospital, Minneapolis.
53. Includes service at McMillan Hospital, St. Louis.
54. St. Francis Hospital, Colorado Springs, Colo.
55. Roseland Community Hospital, Chicago.
56. Free Hospital for Women, Brookline, Mass.
57. Bryan Memorial Hospital, Lincoln, Nebr.
58. St. Agnes Hospital, White Plains, N.Y.
59. Crouse Irving Hospital, Hospital of the Good Shepherd, Syracuse Memorial Hospital, Syracuse Psychopathic Hospital.
60. South Bend Medical Foundation, South Bend, Ind.
61. Children's Memorial Hospital, Omaha, Nebr.
62. Babies Hospital, New York City.
63. Philadelphia Hospital for Contagious Diseases.
64. Yale Psychiatric Clinic, Department of University Health Division of Psychiatry (Fry) Child Study Center (Senn); Newington Veterans Admin. Hospital, Connecticut State Hospital; Fairfield State Hospital; Norwich State Hospital.
65. University of Louisville School of Medicine; includes services at the U.S.P.H. Hospital, Lexington, Ky., the Mental Hygiene Clinic, Louisville, Ky.; and the Norton Memorial Infirmary, Louisville, Ky.
66. Minneapolis General Hospital, Veterans Admin. Hospital, Minneapolis and Veterans Admin. Hospital, St. Cloud, Minn.
67. Longview State Hospital, Cincinnati, Ohio.
68. Institute of Pennsylvania Hospital, Philadelphia.
69. Veterans Administration Hospital, Nashville, Tenn.
70. May include six months training at Children's Memorial Hospital.
71. Genesee Hospital, Rochester, N.Y.
72. Children's Hospital of Philadelphia.
73. City-County Hospital, Dallas, Texas.
74. Emory University Hospitals and Clinic, Emory University, Ga.
75. Bishop DeGoesbriand Hospital, Burlington, Vt.
76. Presbyterian Hospital, Woman's Hospital, Eye and Ear Hospital, Elizabeth Steele Magee Hospital, Children's Hospital and Western Psychiatric Institute and Clinic, Pittsburgh.
77. Dr. W. H. Groves Latter-Day Saints Hospital, Holy Cross Hospital, St. Mark's Hospital, Salt Lake County General Hospital, Veterans Admin. Hospital, Salt Lake City.
78. Veterans Admin. Hospital, Legion, Texas.
79. Zem Zem Hospital, Erie, Pa.
80. Passavant Hospital, Chicago.
81. Ancker Hospital, St. Paul, Minn.
82. Franklin Hospital, San Francisco.
83. Woodlawn Hospital, Dallas, Texas (Pulmonary Diseases).
84. Hospital for Special Surgery, New York City.
85. San Francisco Hospital, San Francisco.

V 1
195

HOSPITALS APPROVED FOR RESIDENCY TRAINING

Number of Hospitals, 1120 Number of Programs, 4368

Name of Hospital	Location	Approved Residencies
Baptist Hospital	Birmingham, Ala	Path.
Carraway Methodist Hospital	Birmingham, Ala	Int. Med., Obst., Ped., Surg., Urol.
Children's Hospital	Birmingham, Ala	Ped.
Jefferson-Hillman Hospital	Birmingham, Ala	Anes., Derm. Syph. Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Lloyd Noland Hospital	Fairfield, Ala	Anes. Derm. Syph., Int. Med., Obst., Ortho. Surg., Path., Ped., Surg. Urol.
City Hospital	Mobile, Ala	Int. Med., Ortho. Surg., Ped., Surg.
Veterans Admin. Hospital	Tuskegee, Ala	Int. Med., Ophth. Psych., Rad., Surg.
Good Samaritan Hospital	Phoenix, Ariz	Ob.-Gyn.
Memorial Hospital	Phoenix, Ariz	Int. Med., Obst., Rad., Surg.
St. Joseph's Hospital	Phoenix, Ariz	Surg.
St. Mary's Hospital and Sanatorium	Tucson, Ariz	Int. Med.
Tucson Medical Center	Tucson, Ariz	Int. Med., Surg.
Army-Navy General Hospital	Hot Springs, Ark	Surg.
Leo N. Levi Memorial Hospital	Hot Springs, Ark	Gen'l Pract.
Arkansas Baptist Hospital	Little Rock, Ark	Int. Med., Ophth., Surg.
Arkansas Children's Home and Hospital	Little Rock, Ark	Ortho. Surg.
St. Vincent Infirmary	Little Rock, Ark	Ob.-Gyn., Surg.
University Hospital	Little Rock, Ark	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Veterans Admin. Hospital	North Little Rock, Ark	Psych.
Agnews State Hospital	Agnew, Calif	Psych.
Kern General Hospital	Bakersfield, Calif	Gen'l Pract., Int. Med., Path., Ped.
Herrick Memorial Hospital	Berkeley, Calif	Anes., Int. Med., Path., Psych., Surg.
Compton Sanitarium	Compton, Calif	Psych.
Los Angeles Sanatorium	Duarte, Calif	Pul. Dis., Thor. Surg.
San Joaquin General Hospital	French Camp, Calif	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
General Hospital of Fresno County	Fresno, Calif	Int. Med., Ophth., Ped., Rad., Surg.
Glendale Sanitarium and Hospital	Glendale, Calif	Int. Med., Path., Surg.
Napa State Hospital	Imola, Calif	Psych.
Arroyo-Del Valle Sanatorium	Livermore, Calif	Pulm. Dis.
Loma Linda Sanitarium and Hospital	Loma Linda, Calif	Path.
Seaside Memorial Hospital	Long Beach, Calif	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Long Beach, Calif	Card. Dis., Gastro., Int. Med. Neur., Neuro. Surg., Ophth., Otol., Path., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Barlow Sanatorium	Los Angeles, Calif	Pul. Dis.
California Babies' and Children's Hospital	Los Angeles, Calif	Ped.
California Hospital	Los Angeles, Calif	Int. Med., Path., Surg.
Cedars of Lebanon Hospital	Los Angeles, Calif	Int. Med., Neur. Surg., Path., Rad., Surg.
Childrens Hospital	Los Angeles, Calif	Otol., Ortho. Surg., Path., Ped.
Eye and Ear Hospital	Los Angeles, Calif	Ophth., Otol.
Hospital of the Good Samaritan	Los Angeles, Calif	Int. Med., Path., Rad., Surg.
Los Angeles County Hospital	Los Angeles, Calif	Gen'l. Pract., Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Methodist Hospital of Southern California	Los Angeles, Calif	Gen'l Pract.
Orthopedic Hospital	Los Angeles, Calif	Ortho. Surg.
Presbyterian Hospital-Olmsted Memorial	Los Angeles, Calif	Int. Med., Mal. Dis., Ob.-Gyn., Urol.
Queen of Angels Hospital	Los Angeles, Calif	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Vincent's Hospital	Los Angeles, Calif	Int. Med., Rad.
Santa Fe Coast Lines Hospital	Los Angeles, Calif	Surg.
Veterans Admin. Hospital	Los Angeles, Calif	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
White Memorial Hospital	Los Angeles, Calif	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Bret Harte Sanatorium	Murphys, Calif	Pul. Dis.
Norwalk State Hospital	Norwalk, Calif	Psych.
Children's Hospital of the East Bay	Oakland, Calif	Ped.
Highland-Alameda County Hospital	Oakland, Calif	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg.
Peralta Hospital	Oakland, Calif	Surg.
Permanente Foundation Hospital	Oakland, Calif	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Samuel Merritt Hospital	Oakland, Calif	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
U. S. Naval Hospital	Oakland, Calif	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Olive View Sanatorium	Olive View, Calif	Pul. Dis., Thor. Surg.
Veterans Admin. Hospital	Palo Alto, Calif	Psych.
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif	Int. Med., Mal. Dis., Obst., Path., Rad., Surg.
Patton State Hospital	Patton, Calif	Psych.
Sutter General Hospital	Sacramento, Calif	Rad.
Monterey County Hospital	Salinas, Calif	Gen'l Pract.
San Bernardino County Charity Hospital	San Bernardino, Calif	Path., Surg.
Mercy Hospital	San Diego, Calif	Int. Med., Ob.-Gyn., Path., Surg.
San Diego County General Hospital	San Diego, Calif	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Urol.
U. S. Naval Hospital	San Diego, Calif	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Children's Hospital	San Francisco, Calif	Anes., Gen. Dis., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Ped., Rad., Surg.
Franklin Hospital	San Francisco, Calif	Anes., Int. Med., Neuro. Surg., Ophth., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Urol.
French Hospital	San Francisco, Calif	Anes., Int., Med., Path., Surg.
Green's Eye Hospital	San Francisco, Calif	Ophth.
Langley Porter Clinic-Hospital	San Francisco, Calif	Psych.
Letterman Army Hospital	San Francisco, Calif	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mary's Help Hospital	San Francisco, Calif	Int. Med., Ob.-Gyn., Surg.
Mount Zion Hospital	San Francisco, Calif	Int. Med., Path., Ped., Psych., Surg.
St. Francis Hospital	San Francisco, Calif	Gen'l Pract., Obst., Plas. Surg., Rad.
St. Joseph's Hospital	San Francisco, Calif	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Luke's Hospital	San Francisco, Calif	Int. Med., Path., Surg.
St. Mary's Hospital	San Francisco, Calif	Int. Med., Obst., Ortho. Surg., Ped., Rad., Surg.
San Fransco Hospital	San Francisco, Calif	Int. Med., Ob.-Gyn., Ortho. Surg., Pul. Dis., Surg.
Shriners Hospital for Crippled Children	San Francisco, Calif	Ortho. Surg.
Southern Pacific General Hospital	San Francisco, Calif	Int. Med., Surg., Urol.
Stanford University Hospitals	San Francisco, Calif	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
U. S. Public Health Service Hospital	San Francisco, Calif	Int. Med., Surg.
University of California Hospital	San Francisco, Calif	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	San Francisco, Calif	Anes., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Santa Clara County Hospital	San Jose, Calif	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Pul. Dis., Surg., Urol.
Fairmont Hospital of Alameda County	San Leandro, Calif	Int. Med., Pul. Dis.
Community Hospital of San Mateo County	San Mateo, Calif	Gen'l Pract., Int. Med., Surg.
Santa Barbara Cottage Hospital	Santa Barbara, Calif	Int. Med., Path., Rad., Surg.
St. John's Hospital	Santa Monica, Calif	Ob.-Gyn., Surg.
Santa Monica Hospital	Santa Monica, Calif	Rad.
Sonoma County Hospital	Santa Rosa, Calif	Gen'l Pract., Ortho. Surg.

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Braewood Sanitarium	South Pasadena, Calif.	Psych.
Pacific Colony (State Hospital)	Spadra, Calif.	Psych.
Tulare-Kings Counties Joint Tuberculosis Hospital	Springville, Calif.	Pul. Dis.
Harbor General Hospital	Torrance, Calif.	Int. Med., Ob.-Gyn., Ped., Surg., Urol.
Glockner-Penrose Hospital	Colorado Springs, Colo.	Path., Rad.
St. Francis Hospital	Colorado Springs, Colo.	Gen'l Pract., Rad.
Childrens Hospital	Denver, Colo.	Ortho. Surg., Path., Ped., Surg.
University of Colorado Medical Center		
Colorado General Hospital	Denver, Colo.	Anes., Derm. Syph., Gen'l. Pract., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
Colorado Psychopathic Hospital	Denver, Colo.	Psych.
Denver General Hospital	Denver, Colo.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Rad. Surg., Urol.
Fitzsimons Army Hospital	Denver, Colo.	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Ortho., Path., Ped., Phys. Med., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Mercy Hospital	Denver, Colo.	Int. Med., Surg.
National Jewish Hospital	Denver, Colo.	Pul. Dis., Thor. Surg.
Presbyterian Hospital	Denver, Colo.	Path., Rad., Surg.
St. Anthony Hospital	Denver, Colo.	Int. Med., Surg.
St. Joseph's Hospital	Denver, Colo.	Int. Med., Ob.-Gyn., Surg.
St. Luke's Hospital	Denver, Colo.	Path., Rad., Surg.
Veterans Admin. Hospital	Fort Logan, Colo.	Anes., Int. Med., Ortho. Surg., Path., Rad., Phys. Med., Surg.
Colorado State Hospital	Pueblo, Colo.	Int. Med., Path., Psych., Surg.
Corwin Hospital	Pueblo, Colo.	Int. Med., Surg.
Bridgeport Hospital	Bridgeport, Conn.	Anes., Int. Med., Obst., Path., Rad., Surg.
St. Vincent's Hospital	Bridgeport, Conn.	Obst.
Hartford Hospital	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg.
Institute of Living	Hartford, Conn.	Psych.
St. Francis Hospital	Hartford, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Surg.
Connecticut State Hospital	Middletown, Conn.	Psych.
Middlesex Hospital	Middletown, Conn.	Path.
New Britain General Hospital	New Britain, Conn.	Int. Med., Ob.-Gyn., Path., Surg.
Silver Hill Foundation	New Canaan, Conn.	Psych.
Grace-New Haven Community Hospital		
Grace Unit	New Haven, Conn.	Int. Med., Ob.-Gyn., Rad., Surg.
New Haven Unit (University Service)	New Haven, Conn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Hospital of St. Raphael	New Haven, Conn.	Anes., Int. Med., Ob-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Newington Home and Hospital for Crippled Children	Newington, Conn.	Ortho. Surg.
Veterans Admin. Hospital	Newington, Conn.	Int. Med., Path., Psych., Rad., Surg., Urol.
Lawrence and Memorial Associated Hospitals	New London, Conn.	Int. Med., Ob.-Gyn., Surg.
Fairfield State Hospital	Newtown, Conn.	Psych.
Norwalk Hospital	Norwalk, Conn.	Int. Med., Obst., Path., Surg.
Norwich State Hospital	Norwich, Conn.	Psych.
Norwich State Tuberculosis Sanatorium	Norwich, Conn.	Pul. Dis., Thor. Surg.
Connecticut State Veterans Home and Hospital for Chronic Illness	Rocky Hill, Conn.	Phy. Med.
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	Pul. Dis.
Stamford Hospital	Stamford, Conn.	Path.
Charlotte Hungerford Hospital	Torrington, Conn.	Gen'l Pract.
Gaylord Farm Sanatorium	Wallingford, Conn.	Pul. Dis.
St. Mary's Hospital	Waterbury, Conn.	Anes., Int. Med., Path., Surg.
Waterbury Hospital	Waterbury, Conn.	Int. Med., Path., Ped., Rad., Surg., Urol.
Delaware State Hospital	Farnhurst, Del.	Psych.
Alfred I. duPont Institute of Nemours Foundation	Wilmington, Del.	Ortho. Surg.
Delaware Hospital	Wilmington, Del.	Int. Med., Path., Ped., Rad., Surg.
Memorial Hospital	Wilmington, Del.	Anes., Int. Med., Path., Surg.
Wilmington General Hospital	Wilmington, Del.	Int. Med.
Army Institute of Pathology	Washington, D.C.	Path.
Central Dispensary and Emergency Hospital	Washington, D.C.	Int. Med., Rad., Surg.
Children's Hospital	Washington, D.C.	Path., Ped.
Columbia Hospital for Women and Lying-In Asylum	Washington, D.C.	Ob.-Gyn.
Doctors Hospital	Washington, D.C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Eastern Dispensary and Casualty Hospital	Washington, D.C.	Gen'l Pract.
Episcopal Eye, Ear, and Throat Hospital	Washington, D.C.	Ophth., Otol.
Freedmen's Hospital	Washington, D.C.	Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Ped., Pul. Dis., Rad., Surg., Urol.
Gallinger Municipal Hospital	Washington, DlC	Anes., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Surg., Urol.
Garfield Memorial Hospital	Washington, D.C.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Georgetown University Hospital	Washington, D.C.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
George Washington University Hospital	Washington, D.C.	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Psych., Rad., Surg.
Providence Hospital	Washington, D.C.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Elizabeth's Hospital	Washington, D.C.	Psych., Surg.
Sibley Memorial Hospital	Washington, D.C.	Ob.-Gyn., Path., Surg.
Tuberculosis Sanatorium (Glendale Md.)	Washington, D.C.	Pul. Dis.
Veterans Admin. Hospital	Washington, D.C.	Anes., Int. Med., Path., Rad., Surg., Urol.
Walter Reed Army Hospital	Washington, D.C.	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Coral Gables, Fla.	Int. Med., Path., Surg.
Brewster Hospital	Jacksonville, Fla.	Ob.-Gyn.
Duval Medical Center	Jacksonville, Fla.	Int. Med., Ob.-Gyn., Ped., Psych., Surg., Urol.
Hope Haven Hospital	Jacksonville, Fla.	Ortho. Surg.
Riverside Hospital	Jacksonville, Fla.	Anes., Int. Med., Surg.
St. Luke's Hospital	Jacksonville, Fla.	Gen'l Pract., Int. Med., Obst., Surg.
St. Vincent's Hospital	Jacksonville, Fla.	Neuro. Surg., Ob.-Gyn., Path., Ped., Surg., Urol.
Jackson Memorial Hospital	Miami, Fla.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
St. Francis Hospital	Miami Beach, Fla.	Surg.
Orange Memorial Hospital	Orlando, Fla.	Int. Med., Ob.-Gyn., Surg., Urol.
Tampa Municipal Hospital	Tampa, Fla.	Int. Med., Surg.
Crawford W. Long Memorial Hospital	Atlanta, Ga.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Georgia Baptist Hospital	Atlanta, Ga.	Surg.
Grady Memorial Hospital	Atlanta, Ga.	Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Henrietta Egleston Hospital for Children	Atlanta, Ga.	Ped.
Piedmont Hospital	Atlanta, Ga.	Int. Med., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary	Atlanta, Ga.	Int. Med., Obst., Surg.
University Hospital	Augusta, Ga.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Augusta, Ga.	Int. Med.
Veterans Admin. Hospital	Chamblee, Ga.	Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Thor. Surg., Urol.
Scottish Rite Hospital for Crippled Children	Decatur, Ga.	Ortho. Surg.
Emory University Hospital	Emory University, Ga.	Int. Med., Neuro. Surg., Ortho. Surg., Path., Phys. Med., Rad., Surg.
Georgia Warm Springs Foundation	Warm Springs, Ga.	Phy. Med.
St. Joseph's Hospital	Alton, Ill.	Gen'l Pract.

V 1
195

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
MacNeal Memorial Hospital	Berwyn, Ill	Gen'l Pract.
Alexian Brothers Hospital	Chicago, Ill	Int. Med., Ortho. Surg., Path., Urol.
American Hospital	Chicago, Ill	Anes., Int. Med., Surg.
Augustana Hospital	Chicago, Ill	Int. Med., Neuro. Surg., Obst., Path., Rad., Surg.
Chicago Eye, Ear, Nose and Throat Hospital	Chicago, Ill	Ophth.
Chicago Intensive Treatment Center	Chicago, Ill	Syph.
Chicago Maternity Center	Chicago, Ill	Obst.
Chicago Memorial Hospital	Chicago, Ill	Neuro. Surg., Surg.
Chicago State Hospital	Chicago, Ill	Psych.
Children's Memorial Hospital	Chicago, Ill	Ortho. Surg., Path., Ped., Surg.
City of Chicago Municipal Tuberculosis Sanatorium	Chicago, Ill	Path., Pul. Dis., Thor. Surg.
Cook County Hospital	Chicago, Ill	Anes., Con. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Englewood Hospital	Chicago, Ill	Int. Med., Obst., Path.
Frank Cuneo Memorial Hospital	Chicago, Ill	Ob.-Gyn.
Franklin Boulevard Community Hospital	Chicago, Ill	Rad.
Grant Hospital	Chicago, Ill	Anes., Int. Med., Ob.-Gyn., Path., Surg.
Henrotin Hospital	Chicago, Ill	Int. Med., Obst., Surg.
Hospital of St. Anthony de Padua	Chicago, Ill	Int. Med., Obst., Surg.
Illinois Central Hospital	Chicago, Ill	Int. Med., Surg.
Illinois Eye and Ear Infirmary	Chicago, Ill	Ophth., Otol.
Illinois Masonic Hospital	Chicago, Ill	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Illinois Neuropsychiatric Institute	Chicago, Ill	Neur., Neuro. Surg., Psych.
Lewis Memorial Maternity Hospital	Chicago, Ill	Ob.-Gyn.
Loretto Hospital	Chicago, Ill	Int. Med., Obst., Psych.
Lutheran Deaconess Home and Hospital	Chicago, Ill	Int. Med., Obst., Surg.
Mercy Hospital	Chicago, Ill	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Proct., Psych., Rad., Surg., Urol.
Michael Reese Hospital	Chicago, Ill	Anes., Card. Dis., Derm. Syph., Gastro., Int. Med., Mal. Dis., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Mount Sinai Hospital	Chicago, Ill	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Municipal Contagious Disease Hospital	Chicago, Ill	Con. Dis.
Northwestern University Medical Center	Chicago, Ill	Allergy., Derm. Syph., Phys. Med.
Norwegian-American Hospital	Chicago, Ill	Int. Med., Path., Surg.
Passavant Memorial Hospital	Chicago, Ill	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Orth. Surg., Path., Rad., Surg.
Presbyterian Hospital	Chicago, Ill	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Provident Hospital	Chicago, Ill	Int. Med., Ob.-Gyn., Ophth., Path., Ped., Rad., Surg., Urol.
Ravenswood Hospital	Chicago, Ill	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Research and Educational Hospitals	Chicago, Ill	Anes., Derm. Syph., Int. Med., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg.
St. Anne's Hospital	Chicago, Ill	Int. Med., Obst., Surg.
St. Bernard's Hospital	Chicago, Ill	Rad.
St. Elizabeth Hospital	Chicago, Ill	Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
St. Joseph Hospital	Chicago, Ill	Int. Med., Ob.-Gyn., Ophth., Ped., Surg.
St. Luke's Hospital	Chicago, Ill	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Mary of Nazareth Hospital	Chicago, Ill	Int. Med., Path., Surg.
Shriners Hospital for Crippled Children	Chicago, Ill	Ortho. Surg.
Swedish Covenant Hospital	Chicago, Ill	Obst.
U. S. Public Health Service Hospital	Chicago, Ill	Int. Med.
University of Chicago Clinics	Chicago, Ill	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Urol.
Veterans Rehabilitation Center	Chicago, Ill	Psych.
Wesley Memorial Hospital	Chicago, Ill	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Women and Children's Hospital	Chicago, Ill	Int. Med., Obst., Surg.
Woodlawn Hospital	Chicago, Ill	Int. Med., Ophth., Surg.
Dixon State Hospital	Dixon, Ill	Psych.
Veterans Admin. Hospital	Downey, Ill	Psych.
Elgin State Hospital	Elgin, Ill	Psych.
Evanston Hospital	Evanston, Ill	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
St. Francis Hospital	Evanston, Ill	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Little Company of Mary Hospital	Evergreen Park, Ill	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
U. S. Naval Hospital	Great Lakes, Ill	Int. Med., Ob.-Gyn., Psych., Rad., Surg.
Veterans Admin. Hospital	Hines, Ill	Anes., Card. Dis., Derm. Syph., Int. Med., Mal. Dis., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
St. Joseph's Hospital	Joliet, Ill	Anes.
Kankakee State Hospital	Kankakee, Ill	Psych.
Lincoln State School and Colony	Lincoln, Ill	Psych.
Manteno State Hospital	Manteno, Ill	Psych.
West Suburban Hospital	Oak Park, Ill	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Methodist Hospital of Central Illinois	Peoria, Ill	Gen'l Pract., Obst., Path., Surg.
Peoria Municipal Tuberculosis Sanitarium	Peoria, Ill	Pul. Dis.
Peoria State Hospital	Peoria, Ill	Psych.
St. Francis Hospital	Peoria, Ill	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Rockford Municipal Tuberculosis Sanatarium	Rockford, Ill	Pul. Dis.
St. Anthony's Hospital	Rockford, Ill	Path.
Lake County Tuberculosis Sanatorium	Waukegan, Ill	Pul. Dis.
North Shore Health Resort	Winnetka, Ill	Psych.
St. Francis Hospital	Beech Grove, Ind	Gen'l Pract.
Clinic Hospital (Caylor-Nickel Clinic)	Bluffton, Ind	Int. Med., Rad., Surg.
Boehne Tuberculosis Hospital	Evansville, Ind	Pul. Dis.
Protestant Deaconess Hospital	Evansville, Ind	Rad.
St. Joseph's Hospital	Fort Wayne, Ind	Path., Rad.
St. Margaret's Hospital	Hammond, Ind	Gen'l Pract., Rad.
Central State Hospital	Indianapolis, Ind	Psych.
Indianapolis General Hospital	Indianapolis, Ind	Anes., Derm. Syph., Int. Ped., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Pul. Dis., Surg., Urol.
Indiana University Medical Center	Indianapolis, Ind	Anes., Card. Dis., Int. Med., Neur., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Methodist Hospital	Indianapolis, Ind	Anes., Int. Med., Neur., Obst., Ortho. Surg., Path., Rad., Surg., Urol.
Norways Sanatorium	Indianapolis, Ind	Psych.
St. Vincent's Hospital	Indianapolis, Ind	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Surg.
Sunnyside Sanatorium	Indianapolis, Ind	Pul. Dis.
Veterans Admin. Hospital	Indianapolis, Ind	Int. Med., Ortho. Surg., Path., Rad., Surg.
St. Elizabeth Hospital	Lafayette, Ind	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Logansport State Hospital	Logansport, Ind	Psych.
Ball Memorial Hospital	Muncie, Ind	Int. Med., Path., Rad., Surg.
Healthwin Hospital	South Bend, Ind	Pul. Dis.
Memorial Hospital	South Bend, Ind	Anes., Path.
St. Luke's Methodist Hospital	Cedar Rapids, Iowa	Gen'l Pract.
Mental Health Institute	Cherokee, Iowa	Psych.
Broadlawns, Polk County Hospital	Des Moines, Iowa	Gen'l Pract.
Iowa Methodist Hospital	Des Moines, Iowa	Int. Med., Ortho. Surg., Path., Ped., Rad., Surg.
Mercy Hospital	Des Moines, Iowa	Path.

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Veterans Admin. Hospital	Des Moines, Iowa	Anes., Int. Med., Ortho. Surg., Path., Rad., Surg.
Iowa State Psychopathic Hospital	Iowa City, Iowa	Psych.
Mercy Hospital	Iowa City, Iowa	Ortho. Surg.
University Hospitals	Iowa City, Iowa	Anes., Derm. Syph., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg. Urol.
State Sanatorium	Oakdale, Iowa	Pul. Dis.
St. Margaret's Hospital	Kansas City, Kans	Surg.
University of Kansas Hospitals	Kansas City, Kans	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plast. Surg., Psych., Rad., Surg., Urol.
Menninger Sanitarium	Topeka, Kans	Psych.
Veterans Admin. Hospital	Topeka, Kans	Int. Med., Neur., Psych.
Veterans Admin. Hospital	Wadsworth, Kans	Anes., Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
St. Francis Hospital	Wichita, Kans	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Wichita, Kans	Int. Med., Surg.
Wesley Hospital	Wichita, Kans	Gen'l Pract., Int. Med., Ob.-Gyn., Rad., Surg.
Good Samaritan Hospital	Lexington, Ky	Int. Med., Surg.
St. Joseph's Hospital	Lexington, Ky	Anes., Int. Med., Ob.-Gyn., Surg., Urol.
U. S. Public Health Service Hospital	Lexington, Ky	Psych.
Veterans Admin. Hospital	Lexington, Ky	Psych.
Kosair Crippled Children's Hospital	Louisville, Ky	Ortho. Surg.
Louisville General Hospital	Louisville, Ky	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Norton Memorial Infirmary	Louisville, Ky	Psych., Rad., Surg.
St. Joseph Infirmary	Louisville, Ky	Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Veterans Admin. Hospital	Louisville, Ky	Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Waverly Hills Tuberculosis Sanatorium	Waverly Hills, Ky	Pul. Dis.
Baptist Hospital	Alexandria, La	Rad.
Baton Rouge General Hospital	Baton Rouge, La	Gen'l Pract.
Charity Hospital of Louisiana	New Orleans, La	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Psych., Pul. Dis., Rad., Surg., Urol.
DePaul Hospital	New Orleans, La	Psych.
Eye, Ear, Nose and Throat Hospital	New Orleans, La	Ophth., Otol.
Hotel Dieu, Sisters Hospital	New Orleans, La	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Ochsner Foundation Hospital	New Orleans, La	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Rad., Surg., Urol.
Southern Baptist Hospital	New Orleans, La	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Touro Infirmary	New Orleans, La	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
U. S. Public Health Service Hospital	New Orleans, La	Int. Med., Ophth., Path., Rad., Surg.
Veterans Admin. Hospital	New Orleans, La	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Shreveport Charity Hospital	Shreveport, La	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Shreveport, La	Ortho. Surg.
Eastern Maine General Hospital	Bangor, Me	Anes., Path., Rad.
Western Maine Sanatorium	Greenwood Mountain, Me	Pul. Dis.
Central Maine General Hospital	Lewiston, Me	Anes., Ped.
Maine General Hospital	Portland, Me	Anes., Int. Med., Neuro. Surg., Path., Rad., Surg.
Baltimore City Hospitals	Baltimore, Md	Int. Med., Neur., Obst., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Baltimore Eye, Ear and Throat Charity Hospital	Baltimore, Md	Ophth., Otol.
Bon Secours Hospital	Baltimore, Md	Ob.-Gyn., Surg.
Children's Hospital School	Baltimore, Md	Ortho. Surg.
Church Home and Hospital	Baltimore, Md	Int. Med., Surg.
Franklin Square Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Surg.
Hospital for Women	Baltimore, Md	Int. Med., Ob.-Gyn.
James Lawrence Kernan Hospital for Crippled Children	Baltimore, Md	Ortho. Surg.
Johns Hopkins Hospital	Baltimore, Md	Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Psych., Rad., Surg., Syph., Urol.
Lutheran Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Surg.
Maryland General Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Surg.
Mercy Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Ped., Surg.
Provident Hospital and Free Dispensary	Baltimore, Md	Int. Med., Obst., Surg.
St. Agnes Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Surg.
St. Joseph Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Surg.
Seton Institute	Baltimore, Md	Psych.
Sinai Hospital	Baltimore, Md	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
South Baltimore General Hospital	Baltimore, Md	Int. Med., Obst., Otol., Surg.
Union Memorial Hospital	Baltimore, Md	Int. Med., Obst., Path., Ped., Rad., Surg.
U. S. Public Health Service Hospital	Baltimore, Md	Int. Med., Ophth., Path., Rad., Surg., Urol.
University Hospital	Baltimore, Md	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg.
National Institute of Health	Bethesda, Md	Path.
Suburban Hospital	Bethesda, Md	Surg.
U. S. Naval Hospital	Bethesda, Md	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Spring Grove State Hospital	Catonsville, Md	Psych.
Memorial Hospital	Cumberland, Md	Path.
Veterans Admin. Hospital	Fort Howard, Md	Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
Veterans Admin. Hospital	Perry Point, Md	Int. Med., Psych., Surg.
Chestnut Lodge Sanitarium	Rockville, Md	Psych.
Springfield State Hospital	Sykesville, Md	Psych.
Sheppard & Enoch Pratt Hospital	Towson, Md	Psych.
Veterans Admin. Hospital	Bedford, Mass	Psych.
Beverly Hospital	Beverly, Mass	Int. Med., Path., Surg.
Beth Israel Hospital	Boston, Mass	Int. Med., Obst., Otol., Path., Psych., Rad., Surg., Urol.
Boston City Hospital	Boston, Mass	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Boston Floating Hospital	Boston, Mass	Ped.
Boston Lying-In Hospital	Boston, Mass	Obst., Path.
Boston Psychopathic Hospital	Boston, Mass	Psych.
Boston Sanatorium	Boston, Mass	Pul. Dis., Thor. Surg.
Boston State Hospital	Boston, Mass	Psych.
Carney Hospital	Boston, Mass	Int. Med., Ob.-Gyn., Path., Surg.
Children's Hospital	Boston, Mass	Ortho. Surg., Path., Ped., Rad., Surg.
Faulkner Hospital	Boston, Mass	Int. Med., Rad.
Lahey Clinic	Boston, Mass	Anes., Int. Med., Neuro. Surg., Otol., Ortho. Surg., Rad., Surg., Urol.
Massachusetts Eye and Ear Infirmary	Boston, Mass	Ophth., Otol.
Massachusetts General Hospital	Boston, Mass	Anes., Derm. Syph., Int. Med., Mal. Dis., Neur., Neuro. Surg., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Massachusetts Memorial Hospitals	Boston, Mass	Anes., Cont. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Psych., Rad., Surg., Urol.
New England Center Hospital	Boston, Mass	Anes., Int. Med., Neur., Neuro. Surg., Psych., Rad., Surg., Urol.
New England Deaconess Hospital	Boston, Mass	Int. Med., Path., Rad.
New England Hospital	Boston, Mass	Anes., Surg.
Peter Bent Bringham Hospital	Boston, Mass	Anes., Int. Med., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Elizabeth Hospital	Boston, Mass	Anes., Obst., Path., Rad., Surg.
U. S. Public Health Service Hospital	Boston, Mass	Int. Med., Surg.
Veterans Admin. Hospital	Boston, Mass	Int. Med., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Booth Memorial Hospital and Home	Brookline, Mass	Obst.

V 1
195

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Free Hospital for Women	Brookline, Mass.	Gyn.
Cambridge City Hospital	Cambridge, Mass.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mount Auburn Hospital	Cambridge, Mass.	Anes., Int. Med., Path., Rad., Surg., Urol.
Massachusetts Hospital School	Canton, Mass.	Ortho. Surg.
Lawrence F. Quigley Memorial Hospital	Chelsea, Mass.	Surg.
U. S. Naval Hospital	Chelsea, Mass.	Anes., Gen'l Pract., Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Psych., Rad., Surg.
Fall River General Hospital, Tuberculosis Division	Fall River, Mass.	Pul. Dis.
Truesdale Hospital	Fall River, Mass.	Int. Med., Surg.
Burbank Hospital	Fitchburg, Mass.	Path.
Foxboro State Hospital	Foxboro, Mass.	Psych.
Framingham Union Hospital	Framingham, Mass.	Path.
Veterans Admin. Hospital	Framingham, Mass.	Anes., Int. Med., Neur., Neuro. Surg., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Danvers State Hospital	Hathorne, Mass.	Psych.
Holyoke Hospital	Holyoke, Mass.	Path.
Lawrence General Hospital	Lawrence, Mass.	Path.
Lynn Hospital	Lynn, Mass.	Int. Med., Path., Rad., Surg.
Malden Hospital	Malden, Mass.	Int. Med., Path., Surg.
Medfield State Hospital	Medfield, Mass.	Psych.
St. Luke's Hospital	New Bedford, Mass.	Path.
Newton-Wellesley Hospital	Newton Lower Falls, Mass.	Anes., Int. Med., Path., Rad., Surg.
Cooley Dickenson Hospital	Northampton, Mass.	Gen'l Pract.
Northampton State Hospital	Northampton, Mass.	Psych.
Quincy City Hospital	Quincy, Mass.	Ob.-Gyn., Path., Surg.
Veterans Admin. Hospital	Rutland Heights, Mass.	Pul. Dis., Thor. Surg.
Salem Hospital	Salem, Mass.	Int. Med., Path., Rad., Surg.
Shriners Hospital for Crippled Children	Springfield, Mass.	Ortho. Surg.
Springfield Hospital	Springfield, Mass.	Anes., Int. Med., Surg.
Austen Riggs Foundation	Stockbridge, Mass.	Psych.
Taunton State Hospital	Taunton, Mass.	Psych.
Pondville Hospital	Walpole, Mass.	Mal. Dis., Path., Surg.
Metropolitan State Hospital	Waltham, Mass.	Psych.
Middlesex County Sanatorium	Waltham, Mass.	Pul. Dis.
McLean Hospital	Waverly, Mass.	Psych.
Westfield State Sanatorium	Westfield, Mass.	Mal. Dis., Pul. Dis.
Belmont Hospital	Worcester, Mass.	Cont. Dis., Pul. Dis.
Memorial Hospital	Worcester, Mass.	Anes., Int. Med., Path., Rad., Surg.
St. Vincent's Hospital	Worcester, Mass.	Anes., Int. Med., Surg.
Worcester City Hospital	Worcester, Mass.	Int. Med., Ortho. Surg., Path., Ped., Psych., Surg., Urol.
Worcester State Hospital	Worcester, Mass.	Path., Psych.
St. Joseph Mercy Hospital	Ann Arbor, Mich.	Int. Med., Ob.-Gyn., Rad., Surg.
University Hospital	Ann Arbor, Mich.	Allergy, Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med. Psych., Rad., Surg., Thor. Surg., Urol.
American Legion Hospital	Battle Creek, Mich.	Pul. Dis.
Leila Y. Post Montgomery Hospital	Battle Creek, Mich.	Path., Rad., Surg.
St. Joseph's Retreat	Dearborn, Mich.	Psych.
Veterans Admin. Hospital	Dearborn, Mich.	Anes., Int. Med., Ophth., Ortho. Surg., Path., Psych., Rad., Surg.
Alexander Blain Hospital	Detroit, Mich.	Int. Med., Surg.
Children's Hospital	Detroit, Mich.	Ortho. Surg., Ped., Rad.
City of Detroit Receiving Hospital	Detroit, Mich.	Anes., Derm. Syph., Int. Med., Gyn., Ophth., Otol., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
Detroit Memorial Hospital	Detroit, Mich.	Int. Med., Path., Surg.
Evangelical Deaconess Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Surg.
Florence Crittenton Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn.
Grace Hospital	Detroit, Mich.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Rad., Surg., Urol.
Harper Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Henry Ford Hospital	Detroit, Mich.	Card. Dis., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Herman Kiefer Hospital	Detroit, Mich.	Cont. Dis., Obst., Path., Pul. Dis., Rad., Thor. Surg.
Jennings Memorial Hospital	Detroit, Mich.	Int. Med., Surg.
Mount Carmel Mercy Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Providence Hospital	Detroit, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Joseph Mercy Hospital	Detroit, Mich.	Ob.-Gyn., Surg.
U. S. Public Health Service Hospital	Detroit, Mich.	Int. Med., Surg.
Woman's Hospital	Detroit, Mich.	Int. Med., Ob.-Gyn., Path., Surg.
Wayne County General Hospital and Infirmary	Eloise, Mich.	Int. Med., Ophth., Path., Psych., Rad., Surg., Urol.
Hurley Hospital	Flint, Mich.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Joseph Hospital	Flint, Mich.	Gen'l Pract.
Veterans Admin. Hospital	Fort Custer, Mich.	Psych.
Blodgett Memorial Hospital	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Butterworth Hospital	Grand Rapids, Mich.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Mary's Hospital	Grand Rapids, Mich.	Int. Med., Ob.-Gyn., Ped., Surg.
Highland Park General Hospital	Highland Park, Mich.	Int. Med., Surg.
Michigan State Sanatorium	Howell, Mich.	Pul. Dis.
Borgess Hospital	Kalamazoo, Mich.	Gen'l Pract., Ortho. Surg.
Bronson Methodist Hospital	Kalamazoo, Mich.	Int. Med., Surg.
Kalamazoo State Hospital	Kalamazoo, Mich.	Psych.
Edward W. Sparrow Hospital	Lansing, Mich.	Int. Med., Path.
Ingham Sanatorium	Lansing, Mich.	Pul. Dis.
St. Lawrence Hospital	Lansing, Mich.	Int. Med.
Morgan Heights Sanatorium	Marquette, Mich.	Pul. Dis.
Hackley Hospital	Muskegon, Mich.	Rad.
Mercy Hospital	Muskegon, Mich.	Gen'l Pract.
William H. Maybury Sanatorium	Northville, Mich.	Pul. Dis.
Oakland County Tuberculosis Sanatorium	Pontiac, Mich.	Pul. Dis.
Pontiac General Hospital	Pontiac, Mich.	Int. Med., Ob.-Gyn., Surg.
Pontiac State Hospital	Pontiac, Mich.	Psych.
St. Joseph Mercy Hospital	Pontiac, Mich.	Gen'l Pract., Obst.
Saginaw General Hospital	Saginaw, Mich.	Int. Med., Ob.-Gyn., Occup. Med., Path., Ped., Surg.
St. Luke's Hospital	Saginaw, Mich.	Gen'l Pract.
James Decker Munson Hospital	Traverse City, Mich.	Gen'l Pract.
Traverse City State Hospital	Traverse City, Mich.	Psych.
Wyandotte General Hospital	Wyandotte, Mich.	Gen'l Pract.
Ypsilanti State Hospital	Ypsilanti, Mich.	Psych.
St. Mary's Hospital	Duluth, Minn.	Path.
Hastings State Hospital	Hastings, Minn.	Psych.
Asbury Hospital	Minneapolis, Minn.	Int. Med., Surg.
Fairview Hospital	Minneapolis, Minn.	Gen'l Pract.
Lutheran Deaconess Home and Hospital	Minneapolis, Minn.	Surg.
Maternity Hospital	Minneapolis, Minn.	Obst.
Minneapolis General Hospital	Minneapolis, Minn.	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Path., Ped., Psych., Surg., Urol.
Northwestern Hospital	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
St. Barnabas Hospital	Minneapolis, Minn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Mary's Hospital	Minneapolis, Minn.	Ob.-Gyn., Urol.
Shriners Hospital for Crippled Children	Minneapolis, Minn.	Ortho. Surg.
Swedish Hospital	Minneapolis, Minn.	Path., Rad., Surg.
University Hospitals	Minneapolis, Minn.	Anes., Derm. Syph., Int. Med., Mal. Dis., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Veterans Admin. Hospital	Minneapolis, Minn	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Nopeming Sanatorium	Nopeming, Minn	Pul. Dis.
Glen Lake Sanatorium	Oak Terrace, Minn	Pul. Dis.
Mayo Clinic	Rochester, Minn	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Proct., Psych., Rad., Surg., Urol.
Rochester State Hospital	Rochester, Minn	Psych.
Ancker Hospital	St. Paul, Minn	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Path., Surg., Urol.
Charles T. Miller Hospital	St. Paul, Minn	Int. Med., Ob.-Gyn., Ophth., Path., Rad., Surg., Urol.
Gillette State Hospital for Crippled Children	St. Paul, Minn	Ortho. Surg.
Midway Hospital	St. Paul, Minn	Gen'l Pract.
St. Joseph's Hospital	St. Paul, Minn	Int. Med., Rad.
Veterans Admin. Hospital	Gulfport, Miss	Psych.
Mississippi Baptist Hospital	Jackson, Miss	Ortho. Surg.
Meridian Public Health Treatment Center	Meridian, Miss	Syph.
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss	Pul. Dis.
Lutheran Hospital	Vicksburg, Miss	Surg.
Mercy Hospital-Street Memorial	Vicksburg, Miss	Surg.
St. Louis County Hospital	Clayton, Mo	Int. Med., Ob.-Gyn., Ophth., Path., Surg.
Ellis Fischel Cancer Hospital	Columbia, Mo	Mal. Dis., Surg.
University Hospital	Columbia, Mo	Ortho. Surg.
Veterans Admin. Hospital	Excelsior Springs, Mo	Pul. Dis.
State Hospital No. 1	Fulton, Mo	Psych.
Veterans Admin. Hospital	Jefferson Barracks, Mo	Anes., Int. Med., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Children's Mercy Hospital	Kansas City, Mo	Ortho. Surg., Ped.
Kansas City Gen'l Hospital No. 1	Kansas City, Mo	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Kansas City General Hospital No. 2	Kansas City, Mo	Ob.-Gyn., Rad.
Kansas City Municipal Tuberculosis Hospital	Kansas City, Mo	Pul. Dis.
Menorah Hospital Medical Center	Kansas City, Mo	Int. Med., Path., Rad., Surg.
Research Hospital	Kansas City, Mo	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Joseph Hospital	Kansas City, Mo	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital	Kansas City, Mo	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Mary's Hospital	Kansas City, Mo	Int. Med., Surg.
Robert Koch Hospital	Koch, Mo	Pul. Dis.
Missouri Methodist Hospital	St. Joseph, Mo	Gen'l Pract., Surg.
State Hospital No. 2	St. Joseph, Mo	Psych.
Alexian Brothers Hospital	St. Louis, Mo	Gen'l Pract.
Barnard Free Skin and Cancer Hospital	St. Louis, Mo	Derm. Syph., Mal. Dis., Rad.
Barnes Hospital	St. Louis, Mo	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plas. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
De Paul Hospital	St. Louis, Mo	Int. Med., Ob.-Gyn., Rad., Surg.
Homer G. Phillips Hospital	St. Louis, Mo	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Ped., Psych., Rad., Surg., Urol.
Jewish Hospital	St. Louis, Mo	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Missouri Baptist Hospital	St. Louis, Mo	Int. Med., Path., Surg., Urol.
Missouri Pacific Hospital	St. Louis, Mo	Int. Med., Surg., Urol.
St. Anthony's Hospital	St. Louis, Mo	Gen'l Pract., Int. Med., Surg.
St. John's Hospital	St. Louis, Mo	Anes., Int. Med., Obst., Surg.
St. Louis Children's Hospital	St. Louis, Mo	Ped., Surg.
St. Louis City Hospital	St. Louis, Mo	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Louis Maternity Hospital	St. Louis, Mo	Ob.-Gyn.
St. Louis State Hospital	St. Louis, Mo	Psych.
St. Luke's Hospital	St. Louis, Mo	Int. Med., Rad., Surg.
St. Mary's Group of Hospitals	St. Louis, Mo	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Shriners Hospital for Crippled Children	St. Louis, Mo	Ortho. Surg.
Murray Hospital and Clinic	Butte, Mont	Gen'l Pract.
Montana Deaconess Hospital	Great Falls, Mont	Int. Med., Path.
Hastings State Hospital	Ingleside, Nebr	Psych.
Lincoln General Hospital	Lincoln, Nebr	Ob.-Gyn., Path.
Nebraska Orthopedic Hospital	Lincoln, Nebr	Ortho. Surg.
St. Elizabeth's Hospital	Lincoln, Nebr	Obst.
Veterans Admin. Hospital	Lincoln, Nebr	Anes., Int. Med., Ortho. Surg., Surg., Urol.
Norfolk State Hospital	Norfolk, Nebr	Psych.
Bishop Clarkson Memorial Hospital	Omaha, Nebr	Surg.
Creighton Memorial St. Joseph Hospital	Omaha, Nebr	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Lutheran Hospital	Omaha, Nebr	Psych.
Nebraska Methodist Hospital	Omaha, Nebr	Path., Rad.
University of Nebraska Hospital	Omaha, Nebr	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Psych., Rad., Surg.
New Hampshire State Hospital	Concord, N.H	Psych.
Mary Hitchcock Memorial Hospital	Hanover, N.H	Anes., Derm. Syph., Int. Med., Path., Ped., Rad., Surg.
Elliott Hospital	Manchester, N.H	Path.
Atlantic City Hospital	Atlantic City, N.J	Int. Med., Path., Rad., Surg., Urol.
Bayonne Hospital and Dispensary	Bayonne, N.J	Urol.
Essex County Hospital for Contagious Diseases	Belleville, N.J	Cont. Dis.
Camden Municipal Hospital	Camden, N.J	Cont. Dis.
Cooper Hospital	Camden, N.J	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
West Jersey Hospital	Camden, N.J	Anes., Path., Surg.
Essex County Overbrook Hospital	Cedar Grove, N.J	Psych.
Englewood Hospital Association	Englewood, N.J	Int. Med.
New Jersey Sanatorium for Tuberculosis Diseases	Glen Gardner, N.J	Pul. Dis.
Hackensack Hospital	Hackensack, N.J	Int. Med., Surg.
Berthold S. Pollock Hospital for Chest Diseases	Jersey City, N.J	Pul. Dis., Thor. Surg.
Jersey City Hospital	Jersey City, N.J	Int. Med., Mal. Dis., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Margaret Hague Maternity Hospital	Jersey City, N.J	Obst.
Monmouth Memorial Hospital	Long Branch, N.J	Int. Med., Obst., Ortho. Surg., Path., Surg.
Veterans Admin. Hospital	Lyons, N.J	Psych.
Mountainside Hospital	Montclair, N.J	Int. Med., Path., Surg.
Burlington County Hospital	Mount Holly, N.J	Int. Med., Path., Surg.
Fitkin Memorial Hospital	Neptune, N.J	Int. Med., Surg.
Babies Hospital-Coit Memorial	Newark, N.J	Ped.
Hospital and Home for Crippled Children	Newark, N.J	Ortho. Surg.
Hospital of St. Barnabas and for Women and Children	Newark, N.J	Path., Plas. Surg., Rad., Surg.
Newark Beth Israel Hospital	Newark, N.J	Int. Med., Gyn., Path., Rad., Surg.
Newark City Hospital	Newark, N.J	Int. Med., Otol., Path., Surg., Urol.
Newark Eye and Ear Infirmary	Newark, N.J	Ophth., Otol.
Presbyterian Hospital	Newark, N.J	Path., Surg.
St. Michael's Hospital	Newark, N.J	Int. Med., Path., Ped.
St. Peter's General Hospital	New Brunswick, N.J	Int. Med.
New Jersey Orthopedic Hospital and Dispensary	Orange, N.J	Ortho. Surg.
Orange Memorial Hospital	Orange, N.J	Int. Med., Ortho. Surg., Path., Rad., Urol.

V 1
195

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Passaic General Hospital	Passaic, N.J.	Path.
Patterson General Hospital	Patterson, N.J.	Int. Med., Obst., Path., Surg.
St. Joseph Hospital	Patterson, N.J.	Anes.
Muhlenberg Hospital	Plainfield, N.J.	Path., Surg.
Bergen County Hospital	Ridgewood, N.J.	Pul. Dis.
Mercer Hospital	Trenton, N.J.	Path., Rad., Surg.
New Jersey State Hospital	Trenton, N.J.	Psych.
Orthopedic Hospital and Dispensary	Trenton, N.J.	Ortho. Surg.
St. Francis Hospital	Trenton, N.J.	Int. Med., Surg.
Essex Mountain Sanatorium	Verona, N.J.	Pul. Dis.
Veterans Admin. Hospital	Albuquerque, N.M.	Int. Med., Pul. Dis., Surg.
Carrie Tingley Hospital for Crippled Children	Hot Springs, N.M.	Ortho. Surg.
Albany Hospital	Albany, N.Y.	Anes., Gen'l Pract., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Anthony N. Brady Maternity Hospital	Albany, N.Y.	Obst.
Bender Hygienic Laboratory	Albany, N.Y.	Path.
St. Peter's Hospital	Albany, N.Y.	Ped.
Veterans Admin. Hospital	Bath, N.Y.	Int. Med.
Montefiore Hospital	Bedford Hills, N.Y.	Pul. Dis.
Binghamton City Hospital	Binghamton, N.Y.	Int. Med., Ortho. Surg., Path., Surg.
Binghamton State Hospital	Binghamton, N.Y.	Psych.
Beth El Hospital	Brooklyn, N.Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Brooklyn Cancer Institute	Brooklyn, N.Y.	Rad., Surg.
Brooklyn Eye and Ear Hospital	Brooklyn, N.Y.	Ophth., Otol.
Brooklyn Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Brooklyn State Hospital	Brooklyn, N.Y.	Psych.
Brooklyn Womens Hospital	Brooklyn, N.Y.	Ob.-Gyn.
Coney Island Hospital	Brooklyn, N.Y.	Int. Med., Path., Ped., Surg.
Cumberland Hospital	Brooklyn, N.Y.	Anes. Int. Med., Ob.-Gyn., Path., Ped., Surg.
Greenpoint Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
House of Saint Giles the Cripple	Brooklyn, N.Y.	Ortho. Surg.
Jewish Hospital	Brooklyn, N.Y.	Allergy, Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jewish Sanitarium and Hospital for Chronic Diseases	Brooklyn, N.Y.	Int. Med., Neur.
Kings County Hospital	Brooklyn, N.Y.	Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Kingston Avenue Hospital	Brooklyn, N.Y.	Cont. Dis., Pul. Dis.
Long Island College Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol
Maimonides Hospital	Brooklyn, N.Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Methodist Hospital	Brooklyn, N.Y.	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn, N.Y.	Int. Med., Obst., Path., Ped., Surg.
St. Catherine's Hospital	Brooklyn, N.Y.	Anes., Int. Med., Ob.-Gyn., Ped., Surg.
St. Charles Hospital Orthopedic Clinic	Brooklyn, N.Y.	Ortho. Surg.
St. John's Episcopal Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Path., Surg.
St. Mary's Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Ped., Surg.
Unity Hospital	Brooklyn, N.Y.	Anes., Ob.-Gyn.
Veterans Admin. Hospital	Brooklyn, N.Y.	Anes., Int. Med., Neur., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
Wyckoff Heights Hospital	Brooklyn, N.Y.	Int. Med., Ob.-Gyn., Surg.
Buffalo General Hospital	Buffalo, N.Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Buffalo State Hospital	Buffalo, N.Y.	Psych.
Children's Hospital	Buffalo, N.Y.	Obst., Ortho. Surg., Ped., Surg.
Deaconess Hospital	Buffalo, N.Y.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Edward J. Meyer Memorial Hospital	Buffalo, N.Y.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho Surg., Path., Ped., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Emergency Hospital of the Sisters of Charity	Buffalo, N.Y.	Int. Med.
Millard Fillmore Hospital	Buffalo, N.Y.	Anes., Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Ortho. Surg., Path., Proct., Surg., Urol.
Roswell Park Memorial Institute	Buffalo, N.Y.	Mal. Dis., Rad.
Sisters of Charity Hospital	Buffalo, N.Y.	Obst., Surg.
Veterans Admin. Hospital	Buffalo, N.Y.	Anes., Int. Med., Ortho. Surg., Psych., Surg.
Mary McClellan Hospital	Cambridge, N.Y.	Surg.
Veterans Admin. Hospital	Canandaigua, N.Y.	Psych.
Veterans Admin. Hospital	Castle Point, N.Y.	Pul. Dis., Thor. Surg.
Central Islip State Hospital	Central Islip, N.Y.	Psych.
Clifton Springs Sanitarium and Clinic	Clifton Springs, N.Y.	Int. Med., Rad., Surg.
Mary Imogene Bassett Hospital	Cooperstown, N.Y.	Int. Med., Ped., Surg.
Nassau County Tuberculosis Hospital	Farmingdale, N.Y.	Pul. Dis.
St. Joseph's Hospital	Far Rockaway, N.Y.	Gen'l Pract.
Flushing Hospital	Flushing, N.Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg.
Hillside Hospital	Glen Oaks, N.Y.	Psych.
Gowanda State Homeopathic Hospital	Helmuth, N.Y.	Psych.
Meadowbrook Hospital	Hempstead, N.Y.	Int. Med., Mal. Dis., Obst., Ortho. Surg., Path., Rad., Surg.
Irvington House	Irvington-on-Hudson, N.Y.	Card. Dis.
Cornell University Infirmary	Ithaca, N.Y.	Int. Med.
Tompkins Memorial Hospital	Ithaca, N.Y.	Int. Med.
Herman M. Biggs Memorial Hospital	Ithaca, N.Y.	Pul. Dis., Thor. Surg.
Jamaica Hospital	Jamaica, N.Y.	Surg.
Mary Immaculate Hospital	Jamaica, N.Y.	Anes., Int. Med., Obst., Path., Ped., Surg.
Queens General Hospital	Jamaica, N.Y.	Cont. Dis., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Triboro Hospital	Jamaica, N.Y.	Pul. Dis., Thor. Surg.
Charles S. Wilson Memorial Hospital	Johnson City, N.Y.	Int. Med., Obst., Path., Rad., Surg.
Pine Wood Sanitarium	Katonah, N.Y.	Psych.
Kings Park State Hospital	Kings Park, N.Y.	Psych.
Benedictine Hospital	Kingston, N.Y.	Gen'l Pract.
Niagara Sanatorium	Lockport, N.Y.	Pul. Dis.
River Crest Sanitarium	Long Island City, N.Y.	Psych.
St. John's Long Island City Hospital	Long Island City, N.Y.	Path.
Marcy State Hospital	Marcy, N.Y.	Psych.
Middletown State Homeopathic Hospital	Middletown, N.Y.	Psych.
Nassau Hospital	Mineola, N.Y.	Obst., Ortho. Surg., Path., Surg.
Mount Vernon Hospital	Mount Vernon, N.Y.	Int. Med., Path., Rad., Surg.
New Rochelle Hospital	New Rochelle, N.Y.	Int. Med., Path., Rad., Surg.
Bellevue Hospital—Div. I, Columbia University	New York City, N.Y.	Int. Med., Pul. Dis., Surg., Thor. Surg.
Bellevue Hospital—Div. II, Cornell University	New York City, N.Y.	Int. Med., Neur., Neuro. Surg., Surg., Urol.
Bellevue Hospital—Div. III, New York University	New York City, N.Y.	Anes., Card. Dis., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ped., Psych., Rad., Surg., Phys. Med.
Bellevue Hospital—Div. IV, New York University	New York City, N.Y.	Int. Med., Ortho. Surg., Path., Rad., Surg.
Beth David Hospital	New York City, N.Y.	Int. Med.
Beth Israel Hospital	New York City, N.Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Bronx Eye and Ear Infirmary	New York City, N.Y.	Ophth.
Bronx Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Doctors Hospital	New York City, N.Y.	Path., Rad.

147
951

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Flower and Fifth Avenue Hospitals	New York City, N.Y.	Anes., Int. Med., Ob.-Gyn., Otol., Ortho. Surg., Path., Ped., Rad., Surg.
Fordham Hospital	New York City, N.Y.	Int. Med., Neur., Ob.-Gyn., Path., Ped., Surg.
French Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn., Rad., Surg., Urol.
Goldwater Memorial Hospital	New York City, N.Y.	Anes., Int. Med., Neur., Ophth., Path., Phys. Med., Rad., Surg.
Gouverneur Hospital	New York City, N.Y.	Int. Med., Ped., Surg.
Harlem Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn., Otol., Ped., Rad., Surg.
Hospital for Joint Diseases	New York City, N.Y.	Anes., Int. Med., Gyn., Ortho. Surg., Path., Phys. Med., Rad.
Hospital for Special Surgery	New York City, N.Y.	Anes., Int. Med., Ortho. Surg., Phys. Med.
Jewish Memorial Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn., Path.
Knickerbocker Hospital	New York City, N.Y.	Int. Med., Surg.
Lebanon Hospital	New York City, N.Y.	Int. Med., Path., Surg.
Lenox Hill Hospital	New York City, N.Y.	Anes., Gastro. Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Rad., Surg.
Lincoln Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Manhattan Eye, Ear and Throat Hospital	New York City, N.Y.	Ophth., Otol.
Manhattan General Hospital	New York City, N.Y.	Pul. Dis.
Manhattan State Hospital	New York City, N.Y.	Psych.
Memorial Hospital	New York City, N.Y.	Anes., Int. Med., Mal. Dis., Path., Rad., Surg.
Metropolitan Hospital	New York City, N.Y.	Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Pul. Dis., Surg., Thor. Surg., Urol.
Misericordia Hospital	New York City, N.Y.	Obst.
Montefiore Hospital for Chronic Diseases	New York City, N.Y.	Anes., Int. Med., Mal. Dis., Neur., Ophth., Path., Pul. Dis., Rad., Surg.
Morrisania City Hospital	New York City, N.Y.	Int. Med., Neur., Obst., Path., Ped., Pul. Dis., Rad., Surg., Urol.
Mother Cabrini Memorial Hospital	New York City, N.Y.	Surg.
Mount Sinai Hospital	New York City, N.Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
New York City Cancer Institute Hospital	New York City, N.Y.	Mal. Dis.
New York City Hospital	New York City, N.Y.	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Path., Ped., Phys. Med., Rad., Surg., Urol.
New York Eye and Ear Infirmary	New York City, N.Y.	Ophth., Otol
New York Foundling Hospital	New York City, N.Y.	Ped.
New York Hospital	New York City, N.Y.	Allergy, Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
New York Infirmary	New York City, N.Y.	Int. Med., Obst., Ped., Surg.
New York Polyclinic Medical School and Hospital	New York City, N.Y.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Rad., Surg., Urol.
New York State Psychiatric Institute and Hospital	New York City, N.Y.	Psych.
Presbyterian Hospital	New York City, N.Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Plas. Surg., Rad., Surg., Urol.
Roosevelt Hospital	New York City, N.Y.	Allergy, Derm. Syph., Int. Med., Gyn., Otol., Path., Ped., Rad., Surg., Urol.
St. Barnabas Hospital for Chronic Diseases	New York City, N.Y.	Int. Med., Path.
St. Clare's Hospital	New York City, N.Y.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
St. Francis Hospital	New York City, N.Y.	Int. Med., Ob.-Gyn.
St. Joseph Hospital for Chest Diseases	New York City, N.Y.	Pul. Dis.
St. Luke's Hospital	New York City, N.Y.	Anes., Card. Dis., Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Rad., Surg., Urol.
St. Vincent's Hospital	New York City, N.Y.	Anes., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg.
Seton Hospital	New York City, N.Y.	Pul. Dis., Thor. Surg.
Sydenham Hospital	New York City, N.Y.	Anes., Int. Med., Ob.-Gyn., Path., Rad., Surg.
University Hospital	New York City, N.Y.	Allergy, Anes., Derm. Syph., Int. Med., Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Veterans Admin. Hospital	New York City, N.Y.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Plast. Surg., Psych., Rad., Surg., Thor. Surg., Urol.
Willard Parker Hospital	New York City, N.Y.	Cont. Dis., Path., Pul. Dis.
Woman's Hospital	New York City, N.Y.	Ob.-Gyn.
Veterans Admin. Hospital	Northport, N.Y.	Psych.
Homer Folks Tuberculosis Hospital	Oneonta, N.Y.	Pul. Dis., Thor. Surg.
Rockland State Hospital	Orangeburg, N.Y.	Psych.
Stony Lodge Sanitarium	Ossining, N.Y.	Psych.
Municipal Sanatorium	Otisville, N.Y.	Pul. Dis.
United Hospital	Port Chester, N.Y.	Int. Med., Obst., Path., Rad., Surg.
St. Charles Hospital for Crippled Children	Port Jefferson, N.Y.	Ortho. Surg.
Hudson River State Hospital	Poughkeepsie, N.Y.	Psych.
Vassar Brother Hospital	Poughkeepsie, N.Y.	Gen'l Pract.
Creedmoor State Hospital	Queens Village, N.Y.	Psych.
Rockbrook Tuberculosis Hospital	Rockbrook, N.Y.	Pul. Dis., Thor. Surg.
Genesee Hospital	Rochester, N.Y.	Anes., Int. Med., Ob.-Gyn., Ped., Rad., Surg.
Highland Hospital	Rochester, N.Y.	Int. Med., Obst., Surg.
Iola-Monroe County Tuberculosis Sanatorium	Rochester, N.Y.	Pul. Dis.
Rochester General Hospital	Rochester, N.Y.	Anes., Int. Med., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg.
Rochester State Hospital	Rochester, N.Y.	Psych.
St. Mary's Hospital	Rochester, N.Y.	Anes., Int. Med., Ophth., Path., Rad., Surg.
Strong Memorial-Rochester Municipal Hospitals	Rochester, N.Y.	Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Psych., Rad., Surg., Urol.
St. Francis Sanatorium for Cardiac Children	Roslyn, L.I., N.Y.	Card. Dis.
U. S. Naval Hospital	St. Albans, N.Y.	Anes., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Rad., Surg., Thor. Surg.
Ellis Hospital	Schenectady, N.Y.	Anes., Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Schenectady County Tuberculosis Hospital	Schenectady, N.Y.	Pul. Dis.
U. S. Public Health Service Hospital	Stapleton (Staten Island) N.Y.	Anes., Derm. Syph., Int. Med., Ophth., Ortho. Surg., Path., Rad., Surg., Urol.
St. Vincent's Hospital	Staten Island, N.Y.	Int. Med., Ortho. Surg., Ped.
Sea View Hospital	Staten Island, N.Y.	Ophth., Otol., Ortho. Surg., Ped., Pul. Dis., Rad., Thor. Surg., Urol.
Staten Island Hospital	Staten Island, N.Y.	Int. Med.
Veterans Admin. Hospital	Sunmount, N.Y.	Pul. Dis.
Crouse Irving Hospital	Syracuse, N.Y.	Rad.
General Hospital	Syracuse, N.Y.	Ob.-Gyn.
Hospital of the Good Shepherd	Syracuse, N.Y.	Int. Med., Surg.
St. Joseph's Hospital	Syracuse, N.Y.	Ob.-Gyn.
Syracuse Memorial Hospital	Syracuse, N.Y.	Anes., Neuro. Surg., Ob.-Gyn., Ophth., Ped.
Syracuse Psycopathic Hospital	Syracuse, N.Y.	Psych.
Syracuse University Medical Center	Syracuse, N.Y.	Anes., Ophth., Otol., Path., Rad.
Letchworth Village	Theills, N.Y.	Psych.
Samaritan Hospital	Troy, N.Y.	Path.
Trudeau Sanatorium	Trudeau, N.Y.	Pul. Dis.
Utica State Hospital	Utica, N.Y.	Psych.
Grasslands Hospital	Valhalla, N.Y.	Anes., Int. Med., Ophth., Otol., Path., Ped., Psych., Pul. Dis., Rad., Surg.
Pilgrim State Hospital	West Brentwood, N.Y.	Psych.
Rehabilitation Hospital	West Haverstraw, N.Y.	Ortho. Surg., Phys. Med.
New York Hospital-Westchester Div.	White Plains, N.Y.	Psych.
White Plains Hospital	White Plains, N.Y.	Int. Med., Surg.
Willard State Hospital	Willard, N.Y.	Psych.
Harlem Valley State Hospital	Wingdale, N.Y.	Psych.
Charlotte Memorial Hospital	Charlotte, N.C.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Duke Hospital	Durham, N.C.	Allergy, Anes., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Pul. Dis., Rad. Surg., Urol.

V I
195

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Eastern Medical Center	Durham, N.C.	Syph.
Lincoln Hospital	Durham, N.C.	Surg.
McPherson Hospital	Durham, N.C.	Ophth.
Watts Hospital	Durham, N.C.	Int. Med., Obst., Path., Ped., Rad., Surg., Urol.
North Carolina Orthopedic Hospital	Gastonia, N.C.	Ortho. Surg.
Sternberger Hospital for Women and Children	Greensboro, N.C.	Ped.
North Carolina Sanatorium for the Treatment of Tuberculosis	McCain, N.C.	Pul. Dis.
Veterans Admin. Hospital	Oteen, N.C.	Path., Pul. Dis., Thor. Surg.
Rex Hospital	Raleigh, N.C.	Int. Med., Ped.
Babies Hospital	Wilmington, N.C.	Ped.
James Walker Memorial Hospital	Wilmington, N.C.	Int. Med., Ped., Surg.
City Memorial Hospital	Winston-Salem, N.C.	Int. Med., Ped., Surg.
Kate Bitting Reynolds Memorial Hospital	Winston-Salem, N.C.	Int. Med., Surg.
North Carolina Baptist Hospital	Winston-Salem, N.C.	Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Bismarck Hospital	Bismarck, N.D.	Int. Med., Rad., Surg.
St. Luke's Hospital	Fargo, N.D.	Int. Med., Surg.
Children's Hospital	Akron, Ohio	Ortho. Surg., Ped., Surg.
City Hospital	Akron, Ohio	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
Peoples Hospital	Akron, Ohio	Gen'l Pract. Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Thomas Hospital	Akron, Ohio	Int. Med., Ob.-Gyn., Surg.
Veterans Admin. Hospital	Brecksville, Ohio	Pul. Dis.
Aultman Hospital	Canton, Ohio	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Mercy Hospital	Canton, Ohio	Anes., Int. Med., Ob.-Gyn., Rad., Surg.
Windsor Hospital	Chagrin Falls, Ohio	Psych.
Bethesda Hospital	Cincinnati, Ohio	Ob.-Gyn., Path.
Children's Hospital	Cincinnati, Ohio	Ortho. Surg., Ped., Surg.
Christ Hospital	Cincinnati, Ohio	Int. Med., Neuro. Surg., Path., Psych., Surg.
Cincinnati General Hospital	Cincinnati, Ohio	Derm. Syph., Int. Med., Neur., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Deaconess Hospital	Cincinnati, Ohio	Int. Med., Surg.
Dunham Hospital	Cincinnati, Ohio	Pul. Dis.
Good Samaritan Hospital	Cincinnati, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Jewish Hospital	Cincinnati, Ohio	Int. Med., Ortho. Surg., Path., Rad., Surg.
Longview State Hospital	Cincinnati, Ohio	Psych.
St. Mary's Hospital	Cincinnati, Ohio	Surg.
City Hospital	Cleveland, Ohio	Cont. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Cleveland Clinic Hospital	Cleveland, Ohio	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Urol.
Cleveland State Hospital	Cleveland, Ohio	Psych.
Cleveland State Receiving Hospital	Cleveland, Ohio	Psych.
Fairview Park Hospital	Cleveland, Ohio	Int. Med., Obst., Surg.
Lutheran Hospital	Cleveland, Ohio	Int. Med., Obst., Rad., Surg.
Mount Sinai Hospital	Cleveland, Ohio	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg.
St. Alexis Hospital	Cleveland, Ohio	Int. Med., Surg.
St. Anne's Maternity Hospital	Cleveland, Ohio	Obst.
St. John's Hospital	Cleveland, Ohio	Int. Med., Ob.-Gyn., Surg.
St. Luke's Hospital	Cleveland, Ohio	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Rad., Surg.
St. Vincent Charity Hospital	Cleveland, Ohio	Int. Med., Path., Rad., Surg.
U. S. Public Health Service Hospital	Cleveland, Ohio	Surg.
University Hospital	Cleveland, Ohio	Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Veterans Admin. Hospital	Cleveland, Ohio	Int. Med., Neur., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Psych., Rad., Surg., Thor. Surg., Urol.
Doctors Hospital	Cleveland Heights, Ohio	Surg.
Benjamin Franklin Hospital	Columbus, Ohio	Pul. Dis., Thor. Surg.
Children's Hospital	Columbus, Ohio	Ortho. Surg., Ped.
Columbus State Hospital	Columbus, Ohio	Psych.
Grant Hospital	Columbus, Ohio	Path.
Mount Carmel Hospital	Columbus, Ohio	Int. Med., Obst., Ortho. Surg., Surg.
Ohio State University Hospital	Columbus, Ohio	Anes., Card. Dis., Gastro., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Rad., Surg., Urol.
St. Anne's Maternity Hospital	Columbus, Ohio	Obst.
St. Francis Hospital	Columbus, Ohio	Surg.
White Cross Hospital	Columbus, Ohio	Card. Dis., Int. Med., Neuro. Surg., Obst., Ortho. Surg., Path., Surg.
Miami Valley Hospital	Dayton, Ohio	Int. Med., Obst., Path., Rad., Surg.
St. Elizabeth Hospital	Dayton, Ohio	Rad., Surg.
Veterans Admin. Hospital	Dayton, Ohio	Anes., Int. Med., Path., Rad., Surg., Urol.
Huron Road Hospital	East Cleveland, Ohio	Anes., Int. Med., Path., Surg., Urol.
Elyria Memorial Hospital and Gates Hospital for Crippled Children	Elyria, Ohio	Ortho. Surg.
Mercy Hospital	Hamilton, Ohio	Path., Surg.
Lakewood Hospital	Lakewood, Ohio	Int. Med., Obst., Surg.
Lima Memorial Hospital	Lima, Ohio	Gen'l Pract.
St. Rita's Hospital	Lima, Ohio	Gen'l Pract., Int. Med., Obst., Path., Surg.
Mansfield General Hospital	Mansfield, Ohio	Surg.
Massillon State Hospital	Massillon, Ohio	Psych.
Springfield City Hospital	Springfield, Ohio	Path.
Maumee Valley Hospital	Toledo, Ohio	Anes., Int. Med., Obst., Surg.
Mercy Hospital	Toledo, Ohio	Int. Med., Ob.-Gyn., Path., Ped., Surg.
St. Vincent's Hospital	Toledo, Ohio	Gen'l Pract., Int. Med., Neuro. Surg., Ob.-Gyn., Ortho. Surg., Path., Rad., Surg., Urol.
Toledo Hospital	Toledo, Ohio	Gen'l Pract., Int. Med., Ob.-Gyn., Path., Surg.
Sunny Acres, Cuyahoga County Tuberculosis Hospital	Warrensville, Ohio	Pul. Dis.
Harding Sanitarium	Worthington, Ohio	Psych.
Mahoning County Tuberculosis Sanatorium	Youngstown, Ohio	Pul. Dis.
St. Elizabeth's Hospital	Youngstown, Ohio	Int. Med., Ob.-Gyn., Rad., Surg.
Youngstown Hospital	Youngstown, Ohio	Anes., Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
Central Oklahoma State Hospital	Norman, Okla.	Psych.
Bone and Joint Hospital and McBride Clinic	Oklahoma City, Okla.	Ortho. Surg.
St. Anthony Hospital	Oklahoma City, Okla.	Int. Med., Ob.-Gyn., Ortho. Surg., Surg.
University Hospitals	Oklahoma City, Okla.	Anes., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plast. Surg., Rad., Surg., Urol.
Veterans Admin. Hospital	Oklahoma City, Okla.	Int. Med., Ophth., Ortho. Surg., Rad., Surg.
Wesley Hospital	Oklahoma City, Okla.	Int. Med., Ob.-Gyn., Surg.
Hillcrest Memorial Hospital	Tulsa, Okla.	Int. Med., Path., Ped., Surg., Urol.
St. John's Hospital	Tulsa, Okla.	Int. Med., Obst., Ped., Surg., Urol.
Emanuel Hospital	Portland, Ore.	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Surg.
Good Samaritan Hospital	Portland, Ore.	Int. Med., Path.
Providence Hospital	Portland, Ore.	Int. Med., Path., Surg.
St. Vincent's Hospital	Portland, Ore.	Int. Med., Obst., Path., Rad., Surg., Urol.
Shriners Hospital for Crippled Children	Portland, Ore.	Ortho. Surg.
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Veterans Admin. Hospital	Portland, Ore.	Anes., Int. Med., Ophth., Otol., Ortho. Surg., Phys. Med., Rad., Surg., Urol.

147
951

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Oregon State Hospital	Salem, Ore	Psych.
Abington Memorial Hospital	Abington, Pa	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Allentown Hospital	Allentown, Pa	Int. Med., Path., Plas. Surg., Proct., Surg., Urol.
Allentown State Hospital	Allentown, Pa	Psych.
Sacred Heart Hospital	Allentown, Pa	Int. Med., Path., Surg.
Veterans Admin. Hospital	Aspinwall, Pa	Allergy, Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Phys. Med., Rad., Surg., Urol.
St. Luke's Hospital	Bethlehem, Pa	Int. Med., Ob.-Gyn., Path., Surg.
Bradford Hospital	Bradford, Pa	Gen'l Pract., Surg.
Bryn Mawr Hospital	Bryn Mawr, Pa	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Veterans Admin. Hospital	Coatesville, Pa	Neur., Psych.
Danville State Hospital	Danville, Pa	Psych.
George F. Geisinger Memorial Hospital	Danville, Pa	Int. Med., Obst., Ophth., Otol., Path., Rad., Surg., Urol.
Fitzgerald-Mercy Hospital	Darby, Pa	Ob.-Gyn., Path.
Eagleville Sanatorium for Consumptives	Eagleville, Pa	Pul. Dis.
Easton Hospital	Easton, Pa	Int. Med., Surg.
State Hospital for Crippled Children	Elizabethtown, Pa	Ortho. Surg.
Hamot Hospital	Erie, Pa	Int. Med., Ortho. Surg., Path., Surg.
St. Vincent's Hospital	Erie, Pa	Rad., Surg., Urol.
Marymount Hospital	Garfield Heights, Ohio	Anes.
Westmoreland Hospital Association	Greensburg, Pa	Int. Med.
Pennsylvania State Sanatorium for Tuberculosis	Hamburg, Pa	Pul. Dis.
Harrisburg Hospital	Harrisburg, Pa	Int. Med., Obst., Surg., Urol.
Harrisburg Polyclinic Hospital	Harrisburg, Pa	Int. Med., Surg.
Harrisburg State Hospital	Harrisburg, Pa	Psych.
Hazleton State Hospital	Hazleton, Pa	Surg.
Lancaster General Hospital	Lancaster, Pa	Path.
St. Joseph's Hospital	Lancaster, Pa	Path., Surg.
Norristown State Hospital	Norristown, Pa	Psych.
American Oncologic Hospital	Philadelphia, Pa	Mal. Dis., Rad.
Children's Hospital	Philadelphia, Pa	Ortho. Surg., Ped., Surg.
Children's Hospital of the Mary J. Drexel Home	Philadelphia, Pa	Ped.
Doctors Hospital	Philadelphia, Pa	Surg.
Episcopal Hospital	Philadelphia, Pa	Int. Med., Ob.-Gyn., Path., Rad., Surg., Thor. Surg., Urol.
Frankford Hospital	Philadelphia, Pa	Ob.-Gyn., Path., Rad., Surg.
Friends Hospital	Philadelphia, Pa	Psych.
Germantown Hospital and Dispensary	Philadelphia, Pa	Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Graduate Hospital of the University of Pennsylvania	Philadelphia, Pa	Anes., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Rad., Surg., Urol.
Hahnemann Hospital	Philadelphia, Pa	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Hospital of the University of Pennsylvania	Philadelphia, Pa	Anes., Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
Hospital of the Women's Medical College of Pennsylvania	Philadelphia, Pa	Anes., Card. Dis., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg.
Institute of the Pennsylvania Hospital	Philadelphia, Pa	Psych.
Jeanes Hospital	Philadelphia, Pa	Mal. Dis., Rad.
Jefferson Medical College Hospital	Philadelphia, Pa	Derm. Syph., Gastro., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Proct., Psych., Pul. Dis., Rad., Surg., Urol.
Jewish Hospital	Philadelphia, Pa	Anes., Int. Med., Gyn., Path., Ped., Rad., Surg., Urol.
Lankenau Hospital	Philadelphia, Pa	Anes., Int. Med., Obst., Path., Surg., Urol.
Mercy-Douglass Hospital	Philadelphia, Pa	Ob.-Gyn., Rad.
Methodist Episcopal Hospital	Philadelphia, Pa	Int. Med., Surg.
Misericordia Hospital	Philadelphia, Pa	Surg.
Mount Sinai Hospital	Philadelphia, Pa	Anes., Int. Med., Ob.-Gyn., Path., Ped., Psych., Rad., Surg., Urol.
Nazareth Hospital	Philadelphia, Pa	Rad.
Pennsylvania Hospital	Philadelphia, Pa	Card. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Otol., Path., Rad., Surg., Urol.
Pennsylvania Hospital-Department for Mental and Nervous Diseases	Philadelphia, Pa	Psych.
Philadelphia General Hospital	Philadelphia, Pa	Card. Dis., Derm. Syph., Intl Med., Neur., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Phys. Med., Psycho., Pul. Dis., Rad., Surg., Urol.
Philadelphia Hospital for Contagious Diseases	Philadelphia, Pa	Cont. Dis.
Philadelphia Psychiatric Hospital	Philadelphia, Pa	Psych.
Philadelphia State Hospital	Philadelphia, Pa	Psych.
Presbyterian Hospital	Philadelphia, Pa	Anes., Int. Med., Path., Rad., Surg., Urol.
St. Christopher's Hospital for Children	Philadelphia, Pa	Ped.
St. Joseph's Hospital	Philadelphia, Pa	Surg.
St. Luke's Hospital (and Children's Medical Center)	Philadelphia, Pa	Ped.
St. Mary's Hospital	Philadelphia, Pa	Surg.
Shriners' Hospital for Crippled Children	Philadelphia, Pa	Ortho. Surg.
Skin and Cancer Hospital	Philadelphia, Pa	Derm. Syph.
Temple University Hospital	Philadelphia, Pa	Anes., Gastro., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Proct., Psych., Rad., Surg., Urol.
U. S. Naval Hospital	Philadelphia, Pa	Anes., Derm. Syph., Int. Med., Neur., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Wills Hospital	Philadelphia, Pa	Ophth.
Woman's Hospital	Philadelphia, Pa	Int. Med., Ob.-Gyn., Surg.
Allegheny General Hospital	Pittsburgh, Pa	Anes., Int. Med., Ortho. Surg., Path., Ped., Surg., Urol.
Children's Hospital	Pittsburgh, Pa	Ortho. Surg., Path., Ped., Surg.
Elizabeth Steel Magee Hospital	Pittsburgh, Pa	Int. Med., Ob.-Gyn.
Eye, Ear, Nose and Throat Hospital	Pittsburgh, Pa	Ophth., Otol.
Mercy Hospital	Pittsburgh, Pa	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Otol., Path., Rad., Surg., Urol.
Montefiore Hospital	Pittsburgh, Pa	Allergy, Int. Med., Obst., Path., Rad., Surg.
Pittsburgh Hospital	Pittsburgh, Pa	Ob.-Gyn., Surg.
Presbyterian Hospital	Pittsburgh, Pa	Card. Dis., Int. Med., Ortho. Surg., Path., Plas. Surg., Proct., Surg., Urol.
St. Francis Hospital	Pittsburgh, Pa	Anes., Card. Dis., Int. Med., Neur., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg.
St. Margaret Memorial Hospital	Pittsburgh, Pa	Ob.-Gyn., Int. Med.
South Side Hospital	Pittsburgh, Pa	Ob.-Gyn.
Tuberculosis League Hospital	Pittsburgh, Pa	Pul. Dis.
University of Pittsburgh Medical Center	Pittsburgh, Pa	Derm. Syph., Rad., Urol.
Western Pennsylvania Hospital	Pittsburgh, Pa	Int. Med., Neuro. Surg., Path., Ped., Rad., Surg.
Western State Psychiatric Institute and Clinic	Pittsburgh, Pa	Psych.
Community General Hospital	Reading, Pa	Gen'l Pract.
Reading Hospital	Reading, Pa	Int. Med., Ortho. Surg., Path., Proct., Rad., Surg.
St. Joseph's Hospital	Reading, Pa	Int. Med., Rad., Surg.
Robert Packer Hospital	Sayre, Pa	Anes., Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Scranton State Hospital	Scranton, Pa	Int. Med., Path.
Sharon General Hospital	Sharon, Pa	Anes., Rad.
Warren State Hospital	Warren, Pa	Psych.
Chester County Hospital	West Chester, Pa	Rad.
Mercy Hospital	Wilkes-Barre, Pa	Surg., Urol.
Wilkes-Barre General Hospital	Wilkes-Barre, Pa	Int. Med., Obst., Surg.
Columbia Hospital	Wilkinsburg, Pa	Surg.
Williamsport Hospital	Williamsport, Pa	Path., Surg.
Woodville State Hospital	Woodville, Pa	Psych.

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
York Hospital	York, Pa.	Int. Med., Path., Surg.
State Hospital for Mental Diseases	Howard, R.I.	Psych.
Butler Hospital	Providence, R.I.	Psych.
Charles V. Chapin Hospital	Providence, R.I.	Ped., Psych.
Providence Lying-In Hospital	Providence, R.I.	Obst.
Rhode Island Hospital	Providence, R.I.	Anes., Card. Dis., Int. Med., Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Roger Williams General Hospital	Providence, R.I.	Rad.
Roper Hospital	Charleston, S.C.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Columbia Hospital	Columbia, S.C.	Int. Med., Ob.-Gyn., Ortho. Surg., Ped., Rad.,
Veterans Admin. Hospital	Columbia, S.C.	Int. Med., Ortho. Surg., Rad., Surg., Urol.
Greenville General Hospital	Greenville, S.C.	Ob.-Gyn., Ortho. Surg.
Shriners Hospital for Crippled Children	Greenville, S.C.	Ortho. Surg.
Orangeburg Regional Hospital (Urological Institute)	Orangeburg, S.C.	Urol.
Spartanburg General Hospital	Spartanburg, S.C.	Rad.
Baroness Erlanger Hospital	Chattanooga, Tenn.	Anes., Int. Med., Obst., Ortho. Surg., Path., Surg.
Newell Hospital	Chattanooga, Tenn.	Surg.
T. C. Thompson Children's Hospital	Chattanooga, Tenn.	Ped.
Knoxville General Hospital	Knoxville, Tenn.	Int. Med., Ophth., Otol., Ped., Surg.
Madison Rural Hospital and Sanitarium	Madison College, Tenn.	Gen'l Pract.
Baptist Memorial Hospital	Memphis, Tenn.	Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Rad., Surg., Thor. Surg., Urol.
Campbell Clinic Hospital	Memphis Tenn.	Ortho. Surg.
Gailor Memorial Psychiatric Hospital	Memphis, Tenn.	Psych.
John Gaston Hospital	Memphis, Tenn.	Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Rad., Surg., Urol.
Memphis Eye, Ear, Nose and Throat Hospital	Memphis, Tenn.	Ophth.
Methodist Hospital	Memphis, Tenn.	Obst., Path., Ped., Rad., Surg.
St. Joseph's Hospital	Memphis, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg., Urol.
Veterans Admin. Hospital	Memphis, Tenn.	Anes., Int. Med., Neuro. Surg., Ophth., Otol., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
George W. Hubbard Hospital of Meharry Medical College	Nashville, Tenn.	Int. Med., Ob.-Gyn., Path., Ped., Surg.
Mid State Baptist Hospital	Nashville, Tenn.	Surg.
Nashville General Hospital	Nashville, Tenn.	Int. Med., Ob.-Gyn., Ophth., Path., Surg., Urol.
St. Thomas Hospital	Nashville, Tenn.	Int. Med., Obst., Ped., Surg.
Vanderbilt University Hospital	Nashville, Tenn.	Anes., Int. Med., Neuro. Surg., Ob.-Gyn., Path., Ped., Psych., Rad., Surg.
Veterans Admin. Hospital	Nashville, Tenn.	Int. Med., Path., Rad., Surg.
Oakville Memorial Sanatorium	Oakville, Tenn.	Pul. Dis.
Brackenridge Hospital	Austin, Texas	Gen'l Pract., Path., Surg.
Baylor University Hospital	Dallas, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Plas. Surg., Rad., Surg., Thor. Surg.
Children's Medical Center	Dallas, Texas	Ped.
Gaston Hospital	Dallas, Texas	Surg.
Methodist Hospital	Dallas, Texas	Int. Med., Ob.-Gyn., Rad., Surg.
Parkland Hospital	Dallas, Texas	Derm. Syph., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Psych., Rad., Surg., Urol.
St. Paul's Hospital	Dallas, Texas	Int. Med., Path., Ped., Rad., Surg.
Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas	Ortho. Surg.
Timberlawn Sanitarium	Dallas, Texas	Psych.
Veterans Admin. Hospital	Dallas, Texas	Int. Med., Ophth., Otol., Ortho. Surg., Path., Rad., Surg., Urol.
Hotel Dieu, Sisters Hospital	El Paso, Texas	Obst.
All Saints Hospital	Fort Worth, Texas	Gen'l Pract.
City-County Hospital	Fort Worth, Texas	Gen'l Pract.
Harris Hospital	Fort Worth, Texas	Int. Med., Ob.-Gyn., Surg.
St. Joseph Hospital	Fort Worth, Texas	Gen'l Pract.
U. S. Public Health Service Hospital	Fort Worth, Texas	Psych.
Galveston State Psychopathic Hospital	Galveston, Texas	Neur., Psych.
St. Mary's Hospital	Galveston, Texas	Gen'l Pract.
University of Texas Medical Branch Hospitals	Galveston, Texas	Anes., Card. Dis., Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Plas. Surg., Psych., Rad., Surg., Urol.
Hermann Hospital	Houston, Texas	Anes., Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Rad., Surg., Urol.
Jefferson Davis Hospital	Houston, Texas	Int. Med., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Surg., Urol.
M. D. Anderson Hospital for Cancer Research	Houston, Texas	Int. Med., Mal. Dis., Path., Rad., Surg.
Memorial Hospital	Houston, Texas	Int. Med., Ob.-Gyn., Surg.
Methodist Hospital	Houston, Texas	Int. Med., Neuro. Surg., Ob.-Gyn., Rad., Surg.
St. Joseph's Infirmary	Houston, Texas	Obst., Ortho. Surg., Path., Rad., Surg.
Southern Pacific Hospital	Houston, Texas	Int. Med., Surg.
Veterans Admin. Hospital	Houston, Texas	Int. Med., Ophth., Otol., Path., Phys. Med., Psych., Pul. Dis. Surg., Urol.
Veterans Admin. Hospital	McKinney, Texas	Anes., Int. Med., Ophth., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Shannon West Texas Memorial Hospital	San Angelo, Texas	Gen'l Pract.
Baptist Memorial Hospital	San Antonio, Texas	Path.
Brooke Army Hospital	San Antonio, Texas	Anes., Card. Dis., Derm. Syph., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Otol., Path., Ped., Rad., Surg., Urol.
Robert B. Green Memorial Hospital	San Antonio, Texas	Gen'l Pract., Surg.
Santa Rosa Hospital	San Antonio, Texas	Int. Med., Path., Ped., Rad.
Kings Daughters Hospital	Temple, Texas	Gen'l Pract.
Scott and White Memorial Hospital	Temple, Texas	Int. Med., Ortho. Surg., Rad., Surg.
Veterans Admin. Hospital	Waco, Texas	Psych.
Wichita Falls Clinic-Hospital	Wichita Falls, Texas	Int. Med., Rad., Surg., Urol.
Wichita General Hospital	Wichita Falls, Texas	Gen'l Pract.
St. Benedict's Hospital	Ogden, Utah	Path.
Thomas D. Dee Memorial Hospital	Ogden, Utah	Int. Med., Ob.-Gyn., Surg.
Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City, Utah	Anes., Int. Med., Ob.-Gyn., Path. Surg.
Holy Cross Hospital	Salt Lake City, Utah	Int. Med., Obst., Path., Surg.
St. Mark's Hospital	Salt Lake City, Utah	Ortho. Surg., Surg.
Salt Lake County General Hospital	Salt Lake City, Utah	Int. Med., Ob.-Gyn., Ortho. Surg., Path., Ped., Psych., Surg.
Veterans Admin. Hospital	Salt Lake City, Utah	Int. Med., Ortho. Surg., Path., Rad., Surg.
Bishop DeGoesbriand Hospital	Burlington, Vt.	Anes., Int. Med., Rad., Surg.
Mary Fletcher Hospital	Burlington, Vt.	Anes., Int. Med., Ob.-Gyn., Path., Ped., Rad., Surg., Urol.
Vermont State Hospital	Waterbury, Vt.	Psych.
Veterans Admin. Hospital	White River Junction, Vt.	Anes., Int. Med., Neuro. Surg., Plas. Surg., Rad., Surg., Urol.
Alexandria Hospital	Alexandria, Va.	Surg.
Arlington Hospital	Arlington, Va.	Obst.,
University of Virginia Hospital	Charlottesville, Va.	Allergy, Derm. Syph., Int. Med., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
Chesapeake & Ohio Hospital	Clifton Forge, Va.	Int. Med., Surg.
Memorial Hospital	Danville, Va.	Path.
Elizabeth Buxton Hospital	Newport News, Va.	Surg.
Riverside Hospital	Newport News, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Surg.
De Paul Hospital	Norfolk, Va.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
Norfolk General Hospital	Norfolk, Va.	Int. Med., Obst.,Path., Rad., Surg.
U. S. Naval Hospital	Portsmouth, Va.	Gen'l Pract., Int. Med., Ob.-Gyn., Psych.
Crippled Children's Hospital	Richmond, Va.	Ortho. Surg.
Johnston-Willis Hospital	Richmond, Va.	Int. Med.
Medical College of Virginia (Hospital Division)	Richmond, Va.	Allergy, Anes., Derm. Syph., Int. Med., Neuro. Surg., Obst., Ophth., Otol., Ortho. Surg., Path., Ped., Phys. Med., Psych., Rad., Surg., Urol.
St. Elizabeth Hospital	Richmond, Va.	Surg.
Sheltering Arms Hospital	Richmond, Va.	Gen'l Pract.

HOSPITALS APPROVED FOR RESIDENCY TRAINING—Continued

Name of Hospital	Location	Approved Residencies
Veterans Admin. Hospital	Richmond, Va.	Anes., Card. Dis., Gastro., Int. Med., Neur., Neuro. Surg., Ophth., Ortho. Surg., Path., Psych., Pul. Dis., Rad., Surg., Thor. Surg., Urol.
Gill Memorial Eye, Ear and Throat Hospital	Roanoke, Va.	Ophth., Otol.
Jefferson Hospital	Roanoke, Va.	Int. Med., Surg.
Lewis-Gale Hospital	Roanoke, Va.	Int. Med., Surg.
Veterans Admin. Hospital	Roanoke, Va.	Psych.
Eastern State Hospital	Williamsburg, Va.	Psych.
Madigan General Hospital	Fort Lewis, Wash.	Gen'l Pract.
Western State Hospital	Fort Steilacoom, Wash.	Psych.
Eastern State Hospital	Medical Lake, Wash.	Psych.
Children's Hospital	Seattle, Wash.	Ortho. Surg., Ped.
Doctors Hospital	Seattle, Wash.	Int. Med., Surg.
Firland Sanatorium	Seattle, Wash.	Pul. Dis., Thor. Surg.
King County Hospital No. 1, (Harborview)	Seattle, Wash.	Anes., Int. Med., Ob.-Gyn., Ophth., Ortho. Surg., Path., Ped., Surg.
Pinel Foundation	Seattle, Wash.	Psych.
Providence Hospital	Seattle, Sash.	Anes., Gen'l Pract., Int. Med., Obst., Ortho. Surg., Path., Surg.
Swedish Hospital	Seattle, Wash.	Int. Med., Path., Rad., Surg.
U. S. Public Health Service Hospital	Seattle, Wash.	Int. Med., Ophth., Path., Surg.
Veterans Admin. Hospital	Seattle, Wash.	Int. Med.
Virginia Mason Hospital	Seattle, Wash.	Anes., Int. Med., Obst., Rad., Surg.
Deaconess Hospital	Spokane, Wash.	Int. Med., Path.
Sacred Heart Hospital	Spokane, Wash.	Rad.
St. Luke's Hospital	Spokane, Wash.	Int. Med., Ob.-Gyn., Path., Surg.
Shriners Hospital for Crippled Children	Spokane, Wash.	Ortho. Surg.
St. Joseph Hospital	Tacoma, Wash.	Path.
Tacoma General Hospital	Tacoma, Wash.	Anes., Path.
Northern Permanente Foundation	Vancouver, Wash.	Int. Med.
Veterans Admin. Hospital	Walla Walla, Wash.	Pul. Dis.
Beckley Hospital	Beckley, W. Va.	Surg.
Charleston General Hospital	Charleston, W.Va.	Int. Med., Ortho. Surg., Path., Surg.
Kanawha Valley Hospital	Charleston, W.Va.	Surg.
Chesapeake & Ohio Hospital	Huntington, W.Va.	Int. Med., Surg.
St. Mary's Hospital	Huntington, W.Va.	Int. Med., Obst., Ortho. Surg., Surg., Urol.
Veterans Admin. Hospital	Martinsburg, W.Va.	Int. Med., Surg., Thor. Surg.
Morris Memorial Hospital	Milton, W.Va.	Ortho. Surg.
Laird Memorial Hospital	Montgomery, W.Va.	Surg.
St. Joseph's Hospital	Parkersburg, W.Va.	Surg.
Myers Clinic Hospital	Philippi, W.Va.	Surg.
Ohio Valley General Hospital	Wheeling, W.Va.	Anes.
La Crosse Lutheran Hospital	La Crosse, Wis.	Int. Med., Surg., Urol.
Madison General Hospital	Madison, Wis.	Int. Med., Surg., Urol.
Methodist Hospital	Madison, Wis.	Rad., Surg.
St. Mary's Hospital	Madison, Wis.	Int. Med., Rad.
State of Wisconsin General Hospital	Madison, Wis.	Anes., Derm. Syph., Int. Med., Neur., Neuro. Surg., Ob.-Gyn., Ophth., Otol., Ortho. Surg., Path., Ped., Psych., Rad., Surg., Urol.
St. Joseph's Hospital	Marshfield, Wis.	Int. Med., Ophth., Rad.
Columbia Hospital	Milwaukee, Wis.	Int. Med., Obst., Ortho. Surg., Path., Rad., Surg.
Evangelical Deaconess Hospital	Milwaukee, Wis.	Gen'l Pract., Rad., Surg.
Milwaukee Children's Hospital	Milwaukee, Wis.	Ortho. Surg., Ped., Surg.
Milwaukee County Hospital	Milwaukee, Wis.	Allergy, Anes., Int. Med., Ob.-Gyn., Ophth., Otol., Path., Ped., Proct., Rad., Surg., Urol.
Milwaukee County Hospital for Mental Diseases	Milwaukee, Wis.	Psych.
Milwaukee Hospital	Milwaukee, Wis.	Gen'l Pract., Int. Med., Ob.-Gyn., Rad., Surg.
Mount Sinai Hospital	Milwaukee, Wis.	Int. Med., Ob.-Gyn., Surg.
Muirdale Sanatorium	Milwaukee, Wis.	Pul. Dis.
St. Joseph's Hospital	Milwaukee, Wis.	Int. Med., Ob.-Gyn., Path., Rad., Surg.
St. Luke's Hospital	Milwaukee, Wis.	Ob.-Gyn., Surg.
St. Mary's Hospital	Milwaukee, Wis.	Ob.-Gyn., Path., Surg.
St. Michael's Hospital	Milwaukee, Wis.	Gen'l Pract.
Veterans Admin. Hospital	Milwaukee, Wis.	Anes., Derm. Syph., Int. Med., Ophth., Otol., Ortho. Surg., Path., Pul. Dis., Rad., Surg., Urol.
Wisconsin State Sanatorium	Statesan, Wis.	Pul. Dis.
Veterans Admin. Hospital	Tomah, Wis.	Psych.
Milwaukee Sanatorium	Wauwatosa, Wis.	Psych.
Kapiolani Maternity and Gynecological Hospital	Honolulu, Hawaii	Ob.-Gyn.
Kauikeolani Children's Hospital	Honolulu, Hawaii	Ped.
Leahi Hospital	Honolulu, Hawaii	Pul. Dis., Thor. Surg.
Queen's Hospital	Honolulu, Hawaii	Int. Med., Ob.-Gyn., Path., Psych., Rad., Surg.
Shriners Hospital for Crippled Children	Honolulu, Hawaii	Ortho. Surg.
Tripler Army Hospital	Honolulu, Hawaii	Int. Med., Ob.-Gyn., Rad., Surg., Urol.
Territorial Hospital	Kaneohe, Oahu, Hawaii	Psych.
Bayamon District Hospital	Bayamon, P.R.	Ped.
San Juan City Hospital	San Juan, P.R.	Int. Med., Ped., Surg.
Gorgas Hospital	Ancon, C.Z.	Int. Med., Ob.-Gyn., Ophth., Path., Surg.

V 1
195

GRADUATE TRAINING PROGRAMS

Acceptable by the American Board of Psychiatry and Neurology

The Council on Medical Education and Hospitals has limited its approval of programs for graduate training to those offered in connection with general or special hospitals. The following information is published, however, at the request of the American Board of Psychiatry and Neurology to indicate the availability of a special type of training which is acceptable to the board and carries full credit toward certification by that board.

REQUIREMENTS FOR ACCEPTANCE

In order to facilitate the arrangements for training in child psychiatry (which constitutes a major aspect of modern psychiatry), the American Board of Psychiatry and Neurology will accept one year of training in psychiatric clinics for children which may or may not be a part of a hospital approved for residency training, provided such a clinic gives adequate supervision and instruction for full time training during the entire third year of the required three year formal training period. For the purpose of evaluating such clinics, the following conditions and criteria are deemed essential by the American Board of Psychiatry and Neurology:

1. That the clinic have a full time medical director, psychologist, and social worker qualified by training and experience in child psychiatry and allied fields to supervise the training of residents.

2. That the major portion of such training be devoted to therapy adequately supervised by this qualified staff.

3. That the service and teaching activities of the clinic be integrated with those of the community and its social agencies.

4. That clinic work be supplemented by seminars, case conferences, journal clubs or other opportunities for the discussion of the basic principles involved in outpatient work with children and parents, teacher, public health and welfare agency personnel.

5. That such a training clinic be well established in the community with a qualified staff that has operated together long enough as a team to insure stable and sound functioning.

6. That the senior members of the clinic team show evidence of previous experience in the teaching of psychiatry in general, child psychiatry in particular, and their allied fields.

These criteria set forth by the Board pertain more particularly to community sponsored clinics offering full time training in child psychiatry during the third year of formal residency training. If these clinics are affiliated with hospitals already maintaining approved programs, separate approval is not required unless warranted on the basis of their meeting all requirements for straight fellowship training in child psychiatry.

The following clinics are acceptable to the American Board of Psychiatry and Neurology as qualifying under these provisions.

Center	Director
Pasadena Child Guidance Clinic 40 E. Dayton Central Park Pasadena 2, Calif.	Dr. M. B. Durfee
Children's Psychiatric Division Langley Porter Clinic San Francisco	Dr. Stanislaus Szurek
Institute for Juvenile Research 907 S. Wolcott Ave. Chicago	Dr. Sophie S. Sloman
Louisville Mental Hygiene Clinic and Child Study School 610 S. Floyd Street Louisville, Ky.	Dr. Spafford Ackerly
The Guidance Center 1737 Prytania Street New Orleans	Dr. Milton F. Kirkpatrick
The Psychiatric Clinic of the Mental Hygiene Society of Maryland Baltimore	Dr. H. Whitman Newell
Judge Baker Guidance Center 38 Beacon Street Boston	Dr. George E. Gardner
Children's Center 244 Townsend Street Roxbury, Mass.	Dr. Marian Putnam and Mrs. Beata Rank, Co-directors
Worcester Child Guidance Clinic 2 State Street Worcester 5, Mass.	Dr. Joseph Weinreb
Amherst H. Wilder Clinic 279 Rice Street St. Paul	Dr. Hyman S. Lippman
Jewish Board of Guardians 228 East 19th Street New York 3	Dr. Joachim Flescher
Central Clinic Cincinnati General Hospital Cincinnati	Dr. Maurice Levine
Cleveland Guidance Center 2525 Euclid Avenue Cleveland	Dr. Claire M. Ness
Child Guidance Clinic 1711 Fitzwater Street Philadelphia 46	Dr. Frederick H. Allen
Pittsburgh Child Guidance Clinic 3004 Victoria Street Pittsburgh 13	Dr. Harry M. Little
Children's Service Center of Wyoming Valley 335 South Franklin Street Wilkes-Barre, Pa.	Dr. J. Franklin Robinson

APPROVED EXAMINING BOARDS IN MEDICAL SPECIALTIES

Examining and certifying boards in 19 specialties have been approved by the Council on Medical Education and Hospitals of the American Medical Association. The American Board of Ophthalmology, the first of the examining boards in the specialties, was organized in 1917. Four additional boards were organized by 1933. In 1934, the Council formulated minimal standards governing specialty boards. The boards then in existence as well as boards formed in later years were subsequently approved as meeting these requirements. All boards at present functioning have been approved by the Council and the Advisory Board for Medical Specialties.

Two boards certify candidates in subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases and the American Board of Pediatrics certifies in allergy. Certification in the major field is a prerequisite for certification in these subspecialities.

The Board of Thoracic Surgery is organized as an affiliate board to the American Board of Surgery, with prior certification in surgery a requirement for the certificate in thoracic surgery.

Five boards confer certificates in special divisions of their specialty. The American Board of Obstetrics and Gynecology will issue single certifications in gynecology or obstetrics only. Otolaryngology grants a limited certificate in endoscopy. Pathology issues certificates in pathologic anatomy, clinical pathology, a combination of these two fields, pathologic anatomy and clinical microbiology, clinical bacteriology, and clinical microbiology and clinical chemistry. The Board in Psychiatry and Neurology confers separate certificates in psychiatry and in neurology or a combined certificate for those qualified in both fields. This board also issues supplementary certificates in psychiatry and in neurology. Radiology issues certificates in radiology, roentgenology, diagnostic roentgenology, therapeutic radiology and radium therapy.

Each of the American boards has published a booklet containing a list of its officers and a brief statement of its organization, purposes and qualifications for eligibility for certification. The current data pertaining to each board and the names of the officers of each board are reproduced in the following pages. There is also included in this section specific statements from each board pertaining to allowances of credit for service in the armed forces during the present emergency. A resume of medical education and national defense was published in the Educational Number of THE JOURNAL.[1]

A list of the approved specialty boards, the year of their activation, and the number of certificates awarded prior to July 1, 1950, and the number of candidates certified to June 30, 1951, respectively, appear in Table 1. Figures are also given in these two groups showing the numbers certified in the subspecialties and finally the available figures pertaining to special certification by the boards in obstetrics and gynecology, otolaryngology, pathology, psychiatry and neurology and radiology.

1. J. A. M. A. **147**: 132-134 (Sept. 8) 1951.

TABLE 1.—*Approved Examining Boards in Medical Specialties*

Key No.	Name of Board	Year of Activation	Total Certificates Awarded to July 1, 1950	Total Certificates Awarded to June 30, 1951
1.	American Board of Pediatrics	1933	3,305	3,681
2.	American Board of Psychiatry and Neurology	1934	3,628	4,048
3.	American Board of Orthopedic Surgery	1934	1,537	1,787
4.	American Board of Dermatology and Syphilology	1932	1,266	1,427
5.	American Board of Radiology	1934	3,369	3,707
6.	American Board of Urology	1935	1,446	1,577
7.	American Board of Obstetrics and Gynecology	1930	3,136	3,384
8.	American Board of Internal Medicine	1936	6,316	6,991
9.	American Board of Pathology	1936	1,799	2,072
10.	American Board of Ophthalmology	1917	3,042	3,343
11.	American Board of Otolaryngology	1924	4,454	4,657
12.	American Board of Surgery	1937	4,317	4,860
13.	American Board of Anesthesiology	1937	683	780
14.	American Board of Plastic Surgery	1937	214	237
15.	American Board of Neurological Surgery	1940	328	370
16.	American Board of Physical Medicine and Rehabilitation	1947	140	140
17.	American Board of Preventive Medicine and Public Health	1948	780	1,734
18.	American Board of Proctology	1949	44	83
19.	Board of Thoracic Surgery (An Affiliate of the American Board of Surgery) †	1948	295*	290*
	Totals	....	39,894	44,878
Certification in Subspecialties				
	American Board of Internal Medicine			
	Allergy	....	129	133
	Cardiovascular Disease	....	447	468
	Gastroenterology	....	249	250
	Pulmonary Disease	....	194	203
	Totals	....	1,019	1,053
	American Board of Pediatrics			
	Allergy	....	42	48
	American Board of Surgery			
	Proctology	....	81§	81§
	Totals	....	1,142	1,192
Special Certification				
	American Board of Obstetrics and Gynecology			
	Gynecology	....	.....	2
	American Board of Otolaryngology			
	Endoscopy	....	3	3
	American Board of Pathology			
	Pathologic Anatomy	....	25‡	226
	Clinical Pathology	....	100‡	132
	Pathologic Anatomy and Clinical Pathology	....	24‡	61
	Pathologic Anatomy and Clinical Microbiology	....	.....	1
	Clinical Microbiology and Clinical Chemistry	....	.....	1
	Clinical Bacteriology	....	11	2
	Totals	....	160	423
	American Board of Psychiatry and Neurology			
	Psychiatry	....	2,480	2,866
	Neurology	....	244	274
	Psychiatry and Neurology	....	904	908
	Supplementary Psychiatry	....	.....	68
	Supplementary Neurology	....	.....	43
	Totals	....	3,628	4,048
	American Board of Radiology			
	Radiology	....	551¶	835
	Roentgenology	....	191¶	138
	Diagnostic Roentgenology	....	80¶	93
	Therapeutic Radiology	....	14¶	18
	Radium Therapy	....	1	1
	Totals	....	747	1,085
	Totals	....	4,528	5,561

* Included in totals for American Board of Surgery.
† Independent board established in 1949.
‡ Certificates issued since July 1, 1949.
§ Previous diplomates. Not included in totals.
¶ Certificates issued since July 1, 1948.

On July 1, 1950, there were 39,804 physicians who had been certified by the 19 boards in operation; 5,074 were certified from July 1, 1950, to June 30, 1951. Up to this latter date a total of 44,878 physicians had been certified.

In the subspecialties, by July 1, 1950, 1,142 certificates had been awarded. An additional 50 have been awarded during the past year, bringing the total certificates issued in the subspecialties to 1,192 on June 30, 1951.

Prior to July 1, 1950, there were 4,528 special certificates issued by the five boards mentioned. An additional 1,033 were issued in the year ending June 30, 1951. The total special certificates awarded to date numbers 5,561.

Table 2 records the number of specialists certified by the American boards each year during the past 12 years and the cumulative totals. In this period 44,878 certificates were issued. The figures represent the total number of certificates issued and do not represent the number of living specialists.

The fifth edition of the "Directory of Medical Specialists" compiled by the Advisory Board for Medical Specialties, published in 1951, includes biographic data

TABLE 2.—*Annual Specialty Board Certification 1940-1951*

Year (Ended March)	Number of Boards in Existence	Number Certified	Cumulated Totals
1940	14	.....	15,853
1941	15	2,085	17,938
1942	15	1,756	19,694
1943	15	2,172	21,866
1944	15	1,578	23,444
1945	15	1,308	24,752
1946	15	1,320	26,072
1947	15	2,424	28,496
1948	16	3,062	31,498
1949 (June 30)	19*	4,479	35,977
1950 (June 30)	19	3,827	39,804
1951 (June 30)	19	5,074	44,878

* One Board, the American Board of Proctology did not certify any candidates during this period.

pertaining to the educational background of each of the living specialists, including those retired from practice, certified by an American board.

CREDIT FOR MILITARY SERVICE

At the suggestion of the Joint Committee on Medical Education in Time of National Emergency, the Advisory Board for Medical Specialties has recently conducted a survey to determine the amount of credit for service in the armed forces during the present emergency that would be given toward specialty board certification. The inquiry addressed to the boards contained the following questions:

Will your specialty board give preference to those candidates wishing to be examined before going overseas or entering military service?

How much, if any, credit toward your training and/or experience requirements will your board allow candidates while in military service?

In reply to the first question all boards answered in the affirmative. The specialty boards have not lowered their requirements because of the military emergency, but all boards have indicated they will grant some credit for military service. The specialty boards have indicated such allowances as follows:

Anesthesiology.—Credit for training will be given when it is in a formal approved program. Other cases will be decided on an individual basis by the board.

Dermatology and Syphilology.—Automatic credit is allowed for one year toward the experience requirements plus credit for training in individual cases.

Internal Medicine.—One year of graduate training or one year in partial satisfaction of practice requirements. Additional credit on the merits of each individual case.

Neurological Surgery.—Credit will be allowed toward training requirement if candidate is assigned to neurologic surgery in a military hospital; also, credit will be allowed for practice requirement if assigned to neurologic surgery.

Obstetrics and Gynecology.—Six months to three years depending on assignment. For post-training practice credit, full time credit will be given as substitute. Physicians called to active military service may make arrangements to take the examinations of the board at their place of duty.

Ophthalmology.—No stated credit. Each case is decided according to the time the candidate has spent assigned to a military hospital in ophthalmology and on other factors.

Orthopedic Surgery.—One year of practice credit and one year of residency credit. The same year cannot be credited for both residency and practice credit.

Otolaryngology.—Credit is given but each case is determined on its own merits.

Pathology.—Allows liberal credit toward training when assigned to department of pathology but candidates must first have had a minimum of one year residency in an approved civilian department of pathology.

Pediatrics.—One year of credit, regardless of assignment, towards two year practice requirement.

Physical Medicine and Rehabilitation.—Maximum of one year credit in related field; full credit if in the specialty.

Plastic Surgery.—Credit given on individual basis, considered on candidate's merits.

Preventive Medicine and Public Health.—Full credit if service is in the specialty. A maximum of six months' credit for general military duties.

Proctology.—One year in fulfillment of either general surgical or proctologic requirements.

Psychiatry and Neurology.—Credit will be granted for military duty in the present emergency under certain conditions. This policy relates to active duty since July 1, 1950. One year of training credit will be granted for one year spent in full time psychiatric and/or neurological duties. Additional training credit will be granted for that amount of time spent in approved training programs. Experience credit will be granted for any remaining time spent in full time psychiatric and/or neurological assignments. Double credit will not be granted for any single period of time.

Radiology.—One year if assignment is in radiology.

Surgery.—Credit is allowed but each case is decided on its merits.

Thoracic Surgery.—Special consideration will be given individuals who have had special training in thoracic surgery during their period of military service. Since this board operates as an affiliate of the American Board of Surgery, credit will have already been granted them by the latter board. Examinations will be made available at

regular intervals to members of the armed forces who are out of the country.

Urology.—No credit for training but credit for one year of practice requirement if training was complete when entering service.

Medical Officer's Professional Training Record.—The Surgeons General of the armed services have distributed a booklet prepared with the assistance of the Council and the Advisory Board for Medical Specialties which is designed to help prospective candidates for certification to maintain an accurate account of work done in the military service. This record will constitute part of the credentials to be submitted to the board on application for certification. The booklet has been printed by the Office of the Secretary of Defense and is distributed by the offices of the Surgeons General to the personnel of their department. It is highly important that prospective applicants obtain a copy of the "Medical Officer's Professional Training Record" and that they submit their credentials for evaluation by the respective specialty board.

AMERICAN BOARD OF ANESTHESIOLOGY

Board of Directors

CHARLES F. MCCUSKEY, President, Los Angeles.
ROLLAND J. WHITACRE, Vice President, East Cleveland.
DONALD L. BURDICK, New York.
STUART C. CULLEN, Iowa City.
FREDERICK P. HAUGEN, Portland, Ore.
*JOHN S. LUNDY, Rochester, Minn.
MEYER SAKLAD, Providence, R. I.
HARVEY C. SLOCUM, Galveston, Tex.
SCOTT M. SMITH, Salt Lake City.
EDWARD B. TUOHY, Washington, D. C.
CURTISS B. HICKCOX, Secretary-Treasurer, 80 Seymour St., Hartford 15, Conn.

Past Directors

*E. A. ROVENSTINE, New York.
*H. BOYD STEWART, Tulsa, Okla.
*RALPH M. TOVELL, Hartford, Conn.
*RALPH M. WATERS, Orlando, Fla.
JOHN W. WINTER, San Antonio, Tex.
*PAUL M. WOOD, New York.
*PHILIP D. WOODBRIDGE, Greenfield, Mass.

*Past Presidents.

CERTIFICATION

1. *Method of Making Application.*—Application for certification may be made after a physician has completed one year of approved training. Application must be made to the secretary on a form prescribed by the board, procured only on written request of the applicant, and must be filed at least six months prior to the date of examination.

The secretary cannot make any eligibility rulings. These are made only by the entire board on recommendation of the appropriate committees after reviewing the candidiate's formal application.

2. *Requirements.*

A. Each applicant before he shall become eligible for certification in anesthesiology, must:

1. Have graduated from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association, and have completed an internship of not less than one year in a hospital approved by the same Council, or its equivalent.

2. Establish in a manner satisfactory to the board that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of high ethical and professional standing.

(*c*) He has received adequate special training in anesthesiology.

3. Submit proof to the board that he has limited his practice to anesthesiology as a specialty for five calendar years of which at least two have been in formal clinical training approved by the board, and that he intends to continue to limit his practice to anesthesiology.

4. Be a member in good standing in the American Medical Association, the state and local county medical society or comparable national medical society approved by this board. He must be a member in good standing of the American Society of Anesthesiologists, Inc.

5. Prove to the satisfaction of the board by such written, survey, oral and practical examinations as the board may prescribe that he is qualified to practice anesthesiology; and

6. Personally prepare such case history abstracts of personally conducted procedures pertaining to anesthesiology as the board may specify.

B. Each applicant shall be classified for the purpose of examination and shall be examined in such a manner and under such rules as the board may prescribe.

3. *Conduct of Examinations.*

A. Written Examination: Eligible applicants may take this examination on completion of two years of clinical training approved by the board. Written examinations are held annually in approximately twelve locations throughout the United States on the third Friday in July. Written examinations are of the multiple choice type covering the following subjects: anatomy, chemistry and physics, pharmacology, pathology and physiology. A passing grade, as determined by the board, is required.

B. Survey Examination: Started in 1949 this examination is conducted by one or more diplomates of the board who visit the applicant in his own locality to observe him in the practice of anesthesiology. The examiner may interview other individuals in the community to determine whether the candidate is of high ethical and professional standing. This examination is conducted on completion of four years limited to anesthesiology (including two years of approved clinical training).

C. Oral Examination: On completion of a favorable survey examination and five years limitation of practice to anesthesiology an applicant is eligible to appear for oral examination. Examinations are conducted semi-annually, in April and October. Examiners consist of directors of the board plus diplomates who assist as associate examiners. Oral examinations cover all phases of anesthesiology as do the written examinations; emphasis, however, is placed on clinical application.

D. Practical Examination: At the discretion of the board practical demonstrations may be required of the management of the candidate's clinical practice in his local surroundings. This may include inspection of clinical records, reports of departmental activities, library facilities, available apparatus and demonstrations of application of anesthetic agents, methods and all technics included in anesthesiology. The candidate will also be appraised as to whether he is of high ethical and moral standing in his community.

Applicants are entitled to three consecutive opportunities at yearly intervals to satisfactorily complete either the written or oral examination. This three year period begins on the date an applicant is first declared eligible for the written or oral examination. Applicants who fail to exercise the privilege of examination and/or who fail to pass any part of the examination three times will be required to file a new application, pay a new application fee, and submit to both written and oral examination.

A fee of $15.00 will be charged for each reexamination for candidates who file application January 1, 1950 or later. The board may, however, at its discretion deny a candidate the privilege of reexamination.

The board reserves the right to limit the number of candidates to be admitted to any examination.

FEE

The fee shall be $125. At least $50 shall be paid on filing the application, of which sum $35 shall be returned if the candidate is not accepted for examination. The remainder ($75) shall be paid before taking the examination.

The board is a nonprofit organization. The fees for examination and certification have been computed on a basis of cost of maintaining an administrative office and conducting examinations. The board reserves the right to increase the fee when necessary.

AMERICAN BOARD OF DERMATOLOGY AND SYPHILOLOGY

ANTHONY C. CIPOLLARO, President, New York.
DONALD M. PILLSBURY, Philadelphia.
NELSON P. ANDERSON, Los Angeles.
J. LAMAR CALLAWAY, Durham, N. C.
ARTHUR C. CURTIS, Ann Arbor, Mich.
JOHN H. LAMB, Oklahoma City.
FRANCIS E. SENEAR, Chicago.
FRANCIS W. LYNCH, St. Paul.
GEORGE M. LEWIS, Secretary-Treasurer, 66 East 66th Street, New York 21.

ADVISORY MEMBERS

HAROLD N. COLE, Cleveland.
CHARLES C. DENNIE, Kansas City, Mo.
HOWARD FOX, New York City.
C. GUY LANE, Boston.
GEORGE M. MACKEE, Stamford, Conn.
HENRY E. MICHELSON, Minneapolis.
PAUL A. O'LEARY, Rochester, Minn.
BEDFORD SHELMIRE, Dallas, Tex.
ARTHUR W. STILLIANS, Chicago.
FRED D. WEIDMAN, Philadelphia.

PURPOSES

The board was established primarily to determine the competence of physicians who specialize in dermatology and syphilology. It has therefore established minimum standards of education and training, examines applicants and certifies properly qualified specialists in this field, prepares lists of those qualified and arranges for the publication of such lists. Because of its interest also in the fulfillment of these standards, the board has a keen interest in the development of adequate training facilities, investigates institutions and individuals planning to train specialists, and lends its aid to the approval of those institutions and individuals offering adequate training in the specialty. The board, in addition, will always be glad to advise physicians desiring to enter this special field of medicine.

The board assumes the responsibility of determining the standards of knowledge to be acquired, but upon the candidate rests the responsibility of acquiring the knowledge to fulfil these standards.

REQUIREMENTS FOR ELIGIBILITY FOR EXAMINATON

I. General Requirements

1. High ethical and professional standing.

2. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. The credentials of graduates of foreign schools must be approved by the National Board of Medical Examiners. The status of the foreign medical school at the time of graduation may be determined by the Council on Medical Education and Hospitals of the American Medical Association. Failing this each case will be decided on its own merits.

3. Satisfactory completion of an internship of not less than one year in a hospital approved by the same Council. During three years of the second World War, internships of nine months only were the rule. These were voted to fulfil the internship requirement. However, all internships completed on July 1, 1947 or thereafter must be of twelve months duration or longer.

4. A state license to practice medicine issued by endorsement of the certificate of the National Board of Medical Examiners or following examination.

5. Membership in the American Medical Association or membership in a similar society recognized as having the same purpose as the American Medical Association.

6. Citizenship in the United States or citizenship—meaning native citizens—in Canada or Cuba.

II. Special Requirements

A period of study, after the internship, of not less than three years. Up to one month in each of the three years may be spent as a vacation but the exact time is a matter for the chief of service to decide. Vacations may not be postponed from one year to another. Candidates will not be eligible for examination until three full years have elapsed since the beginning of training. This training may be obtained as resident, fellow or graduate student in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by the American Board of Dermatology and Syphilology as competent to provide a satisfactory training in dermatology and syphilology. This period of specialized training shall include:

(*a*) At least one calendar year in an institution approved for three year training (less one month for vacation).

(*b*) Graduate training in the basic medical sciences which are necessary for the proper understanding and treatment of the diseases involved in this specialty.

Instruction in the following fundamental subjects as related to the skin is deemed advisable by the board: embryology, histology, chemistry, physiology, bacteriology, mycology, parasitology, pathology, immunology, serology, pharmacology and materia medica, and physics of physical therapy.

(*c*) Carefully supervised clinical and laboratory experience in the specialty.

(*d*) Annual examinations or other appraisal by the chief of service in the clinical, laboratory and public health aspects of dermatology and syphilology.

PRECEPTORSHIP TRAINING

Candidates may spend up to two years of theor training under the direction of a diplomate of the board, who has also been approved as a preceptor by the board. Not more than one half of each training day may be spent in the office of the preceptor while during the other half day, supervised work should be performed in an approved institution. The program which the student follows must conform to a schedule which an approved preceptor files with the board. The preceptor and the chief of service of the institution which the candidate attends are jointly responsible for the training received by the student. Preceptorship training may be taken during any two of the years of training. Time spent with an instructor who has not been approved by the board may count only as experience and not as training. A list of approved preceptors is available in the office of the secretary.

To qualify as an approved preceptor, a dermatologist must be a diplomate for at least five years, be a recognized teacher, be an active member or professor emeritus of the dermatologic staff of an approved institution and be recommended as suitable by the chief of staff of the institution. He must further submit an adequate program of instruction with provision for supervision of both office and hospital work.

PRELIMINARY REGISTRATION

All students beginning their graduate training should file a preliminary registration form with the secretary. A standard form will be sent on request. No fee is required. Any deficiencies in credentials would be detected early in the training period and any mistakes in the program could be corrected.

REGISTRATION FOR EXAMINATION

In order that the committee on requirements may appraise carefully the qualifications of candidates, application must be made on a special blank, which may be obtained from the secretary. No application will be considered unless made on the regular application blank. Applications should be filed early in order to obtain full advantage of the sets of histopathologic slides which are available through the Army Medical Museum in Washington. The completed application blank should be sent, several months before the date of examination, to the secretary of the board together with the required reprints, photographs and a *registration* fee of $25, which will not be refunded under any circumstances. No application will be considered until this fee is received. An *examination* fee of $75 is payable when the candidate is notified that his application is acceptable to the board. The fee of $100 has been carefully computed and is used entirely for administrative purposes. Examiners for the board do not receive any compensation except for actual expenses connected with holding the examinations.

Make checks payable to American Board of Dermatology and Syphilology, Inc.

EXAMINATIONS

All applicants classified are required to take and pass a written examination before they are eligible for the oral test. The written examination on clinical, basic science and laboratory subjects will be held simultaneously at stated intervals in different parts of the country, approximately two months before the oral examination.

The present policy of the board is to test the knowledge of a candidate by means of the so-called multiple choice written examination in place of the essay type examination which was formerly in vogue.

All applicants are also required to pass an oral, clinical and laboratory examination. This examination will be conducted in a clinic, hospital ward or other suitable location where clinical dermatology will be discussed with each candidate, as well as various subjects related to the skin such as histopathology, mycology, allergy and physics of physical therapy. The board reserves the right to add to this list other subjects within the field of dermatology and syphilology.

A candidate for a certificate may take his examination the next time it is given after he has completed three full years of training in the specialty, provided he makes application before the quota for that session is filled; this provision does not affect the regulations about the issuance of the certificate. (See Certificates.)

Examinations are designed to test the candidate's fitness to practice dermatology and syphilology as a specialty. The board will try especially to ascertain the breadth of his knowledge in the basic, as well as the clinical aspects of cutaneous medicine, to test his familiarity with the recent literature of dermatology and syphilology and to ascertain his general qualifications as a specialist in this branch of medicine.

Whenever an applicant fails to pass the examination, the board, if requested, will make suggestions regarding further training for the purpose of overcoming deficiencies in the applicant's knowledge of this specialty.

Candidates who have signified their intention of taking the examination and who fail to appear at the scheduled time or who attempt to cancel their appointment after the sending of the final notice, shall forfeit the fee for the examination.

Except in special circumstances, applicants shall take the examination within the year following the filing of application and the deposit of the fee.

The oral examination has been held twice during each of the last three years. From present indications the number of students has decreased sufficiently so that only one examination each year may be given.

REEXAMINATIONS

If the candidate fails or is conditioned in an examination he will be automatically admitted to a second examination and must give at least sixty days' written notice of his intention to appear for reexamination. His acceptance for a particular examination is dependent on the number of candidates already on the roster. If a candidate who has failed or has been conditioned does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75 before reexamination.

A candidate who has failed twice must file a new application and pay an additional fee of $75.

CERTIFICATES

A certificate will not be issued until the successful candidate has completed at least five years of dermatologic training and experience. The granting of this certificate by the board indicates that the holder of the certificate has had adequate training in dermatology and syphilology and has successfully fulfilled the requirements of the board.

A certificate granted by this board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice dermatology or syphilology. The board does not intend to limit or interfere with the professional activity of any duly licensed physician. Its aim is to improve the standards of practice of dermatology and syphilology by encouraging improvement in the opportunities for and quality of training for specialists in this field of medicine, and to certify as specialists those who voluntarily comply with the requirements of the board.

Certificates will be issued only to physicians in the United States and its possessions, in Canada and in Cuba.

ADVERTISING

It is not considered good form for a diplomate to advertise to the lay public the board's recognition of his training and ability. He should not use commercial methods or avenues. It is proper to include a statement or phrase such as "Diplomate of the American Board of Dermatology and Syphilology" in sending out announcement cards when opening an office or in inserts after the author's name in a medical publication when the association with a hospital, medical school, or medical society is also mentioned. If the diplomate is in doubt, it would be well to consult the board before placing his good name in jeopardy.

CREDIT FOR MILITARY SERVICE

1. All students in training who had served in the Army, the Navy, or the Public Health Service should complete a supplementary application form, obtainable from the secretary, in order to have evaluated the credits to which they are entitled. Since the amount of credit to be allowed must be agreed to by various members of a committee, and since these members live in different, often widely separated cities, several months are usually required before a decision can be rendered. The student is then sent a written report.

2. Full time dermatologic military service may be credited, at the discretion of the board, for part or in exceptional cases all of two years of the three required years of *training*. But at least one of the three years' required training to include instruction in the fundamental subjects deemed essential for an adequate dermatologic education, must be spent in one of the institutions approved for a three year training program by the board and by the Council on Medical Education and Hospitals of the American Medical Association.

3. The board strongly urges that the candidate supplement his military experiences by a further period of systematic and supervised dermatologic training before the examination.

4. A credit of one year as *experience* has already been voted by the board for one year of any medical service with the armed forces. Thus a former medical officer who passes the examination at the end of three years of training will receive his certificate one year later instead of at the completion of a total of five years' training and experience. Dermatologic work while in the armed forces not credited as training, may satisfy part or all of the remaining year of required dermatologic experience.

INSTRUCTIONS TO APPLICANTS

Fill out application blank in detail.

Enclose fee of $25. Make checks payable to the American Board of Dermatology and Syphilology.

Include photographs autographed across the front as directed on application blank.

Enclose reprint of each published paper, if possible.

Send completed applications and above items to the secretary.

Please indicate under No. 13 on the application blank as complete data as possible about your training in dermatology and syphilology. Indicate the month and year, if possible, or at least the number of months of the various parts of your training and also whether full time or part time. If part time, indicate whether one-half day, six days a week, or three days a week, and so on. If dispensary service is considered as part of the training, please indicate details here as well as under No. 14.

In No. 16 indicate clearly when you began to limit your practice to dermatology and syphilology.

If your training and your practice overlap, please explain under No. 19.

PUBLICATIONS OF THE BOARD

1. Booklet of Information.

2. Opportunities for graduate and postgraduate students in dermatology and syphilology, containing a list of loci where instruction may be obtained, and details about these places. A check or money order for $1 should accompany request for a copy.

V 1
195

3. Syllabus of Graduate Training:
   (*a*) To inform the student physician, intending to specialize, of the field to be covered in his preparation and the methods by which his preparation can be accomplished.
   (*b*) To aid the medical schools and the dermatologic departments of medical schools and hospitals by outlining the scope of teaching deemed advisable for specialization in dermatology and syphilology.

AMERICAN BOARD OF INTERNAL MEDICINE

WALTER L. PALMER, Chairman, Chicago.
WILLIAM B. PORTER, Vice Chairman, Richmond, Va.
MARION A. BLANKENHORN, Cincinnati.
LEROY H. BRIGGS, San Francisco.
THOMAS M. DURANT, Philadelphia.
CLAUDE E. FORKNER, New York.
CHESTER M. JONES, Boston.
JOHN MINOR, Washington, D. C.
ROY W. SCOTT, Cleveland.
ALBERT M. SNELL, Palo Alto, Calif.
VIRGIL P. SYDENSTRICKER, Augusta, Ga.
HENRY M. THOMAS JR., Secretary-Treasurer, Baltimore.
VICTOR W. LOGAN, Rochester, N. Y.
WILLIAM A. WERRELL, Executive Secretary-Treasurer, One West Main Street, Madison 3, Wis.

SUBSPECIALTY BOARDS

ALLERGY
HARRY L. ALEXANDER
WALTER S. BURRAGE
LESLIE N. GAY
THEODORE L. SQUIER
WILL COOK SPAIN

CARDIOVASCULAR DISEASE
PAUL S. BARKER
CHARLES E. KOSSMANN
HUGH MONTGOMERY
JOHN J. SAMPSON
HOWARD WAKEFIELD
ROBERT W. WILKINS
WILLARD R. WIRTH

GASTROENTEROLOGY
ABRAHAM H. AARON
HUGH R. BUTT
CLARENCE J. TIDMARSH
T. GRIER MILLER
LOWELL B. SNORF

PULMONARY DISEASES
DAVID A. COOPER
DONALD S. KING
J. ARTHUR MYERS
SIDNEY J. SHIPMAN
JULIUS L. WILSON

RESPONSIBILITES

The major object of the board is to pass judgment on the competence of internists who desire certification not to determine who shall or shall not practice internal medicine as a specialty.

The American Board of Internal Medicine is not concerned with any mechanism which gains special privileges or specific recognition for those physicians who have been certified in internal medicine. It has never been the intent of the board to define requirements for membership on the staffs of hospitals.

The board endorses completely the stand of the American Board of Surgery which "specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

REQUIREMENTS FOR ADMISSION TO EXAMINATION AND CERTIFICATION

Each applicant for certification by this board must satisfy the qualifications listed below: (I) General Qualifications A, B, C, D.; (II) Professional Qualifications A, B, C, D. For exceptions to the requirements C and D under Professional Qualication see paragraph G.

I. GENERAL QUALIFICATIONS

A. All candidates must be citizens of the United States or Canada.

B. All candidates must present evidence of satisfactory moral and ethical standing in the medical profession.

C. All candidates must be active members in good standing in their county and state medical societies in their state of legal residence. Under unusual and exceptional circumstances the board reserves the privilege of modifying this requirement. (This ruling shall not apply to commissionad officers of the United States regular Army or Navy or Public Health Service or to full time staff members [physicians] of the Veterans Administration who are otherwise Service Fellows of the American Medical Association.)

D. Canadian citizens must be active members of the Canadian Medical Association before admission to examination.

II. PROFESSIONAL QUALIFICATIONS

A. Graduation from a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association at the date of graduation.

B. Satisfactory completion of an approved internship of not less than twelve months.[1]

C. Residency or fellowship approved by the Council on Medical Education and Hospitals of the American Medical Association in internal medicine according to the following plan (Plan A) or one of the alternate plans described under paragraph D.

Plan A: A residency or fellowship in internal medicine for a period of not less than three years in a hospital or other institution approved by the Council on Medical Education and Hospitals of the American Medical Association for residency or fellowship in internal medicine. In such instances in which a resident's nominal status differs from that of the other hospital residents, he must furnish the board with certification by the chief of the medical service and the medical director of the hospital that he actually performed the full duties of a resident as a bona fide member of the residency program. In addition, two years of practice of clinical internal medicine will be required. The board will accept the following equivalents as satisfying one year only of the three years of residency or fellowship to which this paragraph refers. (Two years must be in the field of general internal medicine.)

1. If twelve months of a two year approved internship in a hospital approved for residency training in internal medicine is limited to the medical service and medical specialities, credit will be granted for a first year of assistant residency. The remaining two years of residency training must be in the general field of internal medicine. Certification by the chief of the medical service as to compliance with this requirement must accompany application.

2. One year of approved residency in one of the medical specialities: allergy, cardiovascular disease, gastroenterology, hematology, pulmonary diseases, neurology, pediatrics, psychiatry, dermatology and syphilology.

3. One year of approved residency in pathology.

4. One year as a graduate student or as an instructor in an approved medical school on a full time basis in bacteriology, biochemistry, pathology, pharmacology, physiology or internal medicine.

5. An advanced degree in the fundamental sciences.

NOTE.—Graduate training credit for the time involved will be allowed candidates who take and satisfactorily complete postgraduate courses in internal medicine or the basic medical sciences provided by accredited medical schools on a full time basis. This ruling shall not apply to courses of less than three months' or more than twelve months' duration. A certificate of creditable performance, based in part, at least, on a formal examination on completion of the course, will be required.

NOTE.—Fellowship or research assignments not approved by the Council on Medical Education and Hospitals will require certification by the chief of service that such assignment was equivalent in graduate training opportunities and patient responsibilities to that of an approved residency in internal medicine or the subspecialties recognized by the board. This certification must be presented before application is filed.

D. Alternate Training Plans: The board firmly believes that the plan of intensive training prescribed above offers the best opportunity for a young physician to prepare himself to meet his responsibilities as a specialist in internal medicine. It is recognized, however, that capable individuals may accomplish the same result in a longer period of time during which the training is less intensive. The board realizes that a number of medical graduates cannot follow the shorter and more desirable

1. During the period in which the 9-9-9 program was in effect an approved internship of nine months will satisfy the requirement of twelve months. A residency of nine months is considered as nine months only.

plan either because suitable residencies are not available or, in some instances, because of personal and economic reasons. Accordingly the board has modified its previous regulations governing eligibility for admission to examination. In doing so the board has not modified its standards of examination. It has liberalized its eligibility requirements for admission to examination by accepting half time formal training and the practice of internal medicine under favorable circumstances as to professional and hospital contacts, in lieu of part of the full time requirements. It is hoped that by this means exceptional individuals may acquire a knowledge of medicine and experience in its application sufficient to qualify for examination.

The program previously described (Plan A), which consists of three years of formal training in an approved residency or its equivalent, following internship, and two additional years in the practice of internal medicine, is recommended by the board. Variations in this program are now subject to the following regulations.

1. In all instances, one year of approved internship and one year of approved residency will be required, except as indicated under Plan G. The graduate training credit of one year heretofore granted as a result of active duty as a commissioned officer in the armed forces during the period beginning Dec. 7, 1941 and ending Jan 1, 1947 may not be applied in satisfaction of the one year of approved residency referred to in Plan D, E, or F unless the candidate's assignment is considered by the board to have been equivalent to an approved residency.

2. Following one year of internship and two years of approved residency,[2] the remaining requirements may be satisfied by:

Plan B; that is, by two years of half time formal training followed by two years of practice limited to internal medicine, or by

Plan C; that is, by five years of practice limited to internal medicine.

3. Following one year internship and one year of approved residency, the remaining requirements may be satisfied by:

Plan D [3]; that is, by four years of half time formal training followed by two years of practice limited to internal medicine; or by:

Plan E [3]; that is, by two years of half time formal training followed by five years of practice limited to internal medicine, or by:

Plan F; that is, by eight years of practice limited to internal medicine.

4. In every instance at least two years of practice in internal medicine must be included, but in instances in which four years of practice are substituted for one year of residency, only one additional year of practice will be required; when more than eight years of practice are substituted for two years of residency an additional year of practice will not be required.

5. Physicians who have practiced internal medicine for twelve years following an approved internship may qualify for the examinations without further training (Plan G).

Half time formal training under expanded plans B, D and E is defined as follows:

1. Half-time [3] as an instructor in clinical medicine in a recognized medical school in the United States or Canada.
2. Half-time [3] in a research fellowship sponsored by a recognized medical school in the United States or Canada.
3. Half-time [3] as a graduate student in an approved graduate medical school in the United States or Canada.

E. Practice Requirements: A period of not less than two years of practice in the general field of clinical internal medicine or in the more specialized branches of medicine. (See exceptions, Section D. paragraph 4.) This requirement may be satisfied by independent practice or in association with a recognized internist.

NOTE.—Although in general the board believes it desirable to complete the three years of formal training before satisfying the requirements of practice, a reversal of this order is acceptable.

F. Graduates of Foreign Schools: At the present time neither the Council on Medical Education and Hospitals of the American Medical Association nor any other educational agency in the United States has the facilities to evaluate adequately the quality of foreign medical education. This board must, therefore, evaluate the fundamental educational credentials and other qualifications of each individual candidate educated abroad who applies for admission to examination. (Requirements for graduates of foreign schools may be obtained on request to the board—One West Main Street, Madison 3, Wis.)

G. Candidates Graduating Prior to 1937: The requirement of three years of graduate training will not apply to candidates graduating from approved medical schools in the United States and Canada in 1936 or previous thereto, provided such candidates have limited their work to the field of internal medicine for at least two years, and provided each candidate is recognized as an internist by his colleagues in his community.

H. "Preceptor Training": Preceptor type training is not recognized in satisfaction of any part of the three year requirement of formal graduate training.

I. The board will grant one year of graduate training credit, or one year in satisfaction of the requirements of practice, regardless of assignment, for active duty as a commissioned officer in the United States Army, Navy or Public health Service for one year or more, beginning on or subsequent to Dec. 7, 1941 and terminating on or before Jan. 1, 1947. Commissioned officers serving less than one year prior to Jan. 1, 1947 may apply that interval as graduate training, or in partial satisfaction of the requirements of practice. This ruling applies to those who served during World War II.

Service credit, either graduate training or practice, beyond one year requires individual evaluation by the Credentials Committee. During the present emergency and beginning June 1, 1950, the board will grant one year of graduate training credit or one year in practice satisfaction of the requirements of practice regardless of assignment for active duty in the armed forces.

PRINCIPLES OF TRAINING

The American Board of Internal Medicine is interested in the fact that the candidate has embarked on a career of study voluntarily and has thereby expressed the desire to excel and to participate personally in the world's progress in medicine.

Preparation must be based on years of continuous thoughtful study. Therefore, in suggesting a program for those who wish advice, the board hopes to assist the candidates to avoid inferior and superficial programs which may lead to failure and disappointment in later years.

The board believes that all internists should have a sound fundamental knowledge of anatomy, bacteriology, biochemistry, pathology, pharmacology and physiology. Such knowledge is essential to the continued progress of any internist. The board anticipates that adequate training will be obtained in the basic sciences as applied to internal medicine during a formal three year residency program.

The board wishes to emphasize that time and training are but a means to the end of acquiring a broad knowledge of internal medicine which the candidate must demonstrate to the board in order to justify it in certifying that he is competent to practice internal medicine as a specialty. The responsibility of acquiring the knowledge rests with the candidate. The responsibility of maintaining the standards of knowledge required for certification rests with the board.

APPLICATION

Candidates for examination must make their application on a prescribed form, which may be obtained from the office of the Executive Secretary-Treasurer.

The application must contain a record of the candidate's premedical and medical training as well as of internships, residencies, graduate study, hospital or dispensary staff appointments, teaching positions, service in the armed forces, membership in medical societies, medical papers published and the names of four well known internists to whom the board may write for professional and character reference.

The application must be accompanied by one recent, signed photograph of the candidate mounted on the application, and the

2. For the second year of approved residency one of the equivalents described under C-Professional Qualifications may be substituted.

3. Half time formal training is regarded as four hours per day for six days per week. It is required that half time formal training be verified by the head of the department. Verification must accompany application.

V 1
195

registration and examination fee of $40, which fee will cover both the written and oral examinations. An additional fee of $10 will be required when the certificate is issued.

The requirements of graduate training and two years of practice in the field of internal medicine must be satisfactory before a candidate is eligible to apply for admission.

METHOD OF EXAMINATION—WRITTEN AND ORAL

The examinations for certification by the board comprise two parts: Part I is written; Part II is clinical and is an oral examination. The written examination is held simultaneously in different sections of the United States and Canada. Effective Jan. 1, 1949, one written examination will be given each year. This examination will be held on the third Monday in October. This examination is divided into a morning and afternoon period for each of which three hours are allowed. The questions are of the multiple choice type, framed in such a manner as the board elects and designed to test the applicant's knowledge of applied physiology, anatomy, physiological chemistry, pathology, bacteriology and pharmacology as related to internal medicine, and his basic clinical acumen.

Candidates must pass the written examination before admission to the oral examination will be authorized. The oral examination is conducted under the direct supervision of the board. It is held near the time and place of the annual meetings of the American Medical Association and the American College of Physicians. The examination is conducted at the bedside of the patient. Each candidate is assigned two or more patients and is expected to be sufficiently familiar with whatever problems present themselves to satisfy the board of his clinical expertness.

Normally only two oral examinations are given each year. The board may, however, schedule special oral examinations if necessary. Announcement of all examinations will appear in the *Annals of Internal Medicine* and THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Applications cannot be accepted until the schedule is announced in the publication referred to, and cannot be accepted after the closing date as announced.

REEXAMINATION—WRITTEN AND ORAL

1. Effective July 1, 1949, the board will waive restrictions on the number of written examinations authorized, provided the candidate has satisfied the requirements hereinafter set forth in paragraph 4. The board may at its discretion deny reexamination in individual cases. The interval between the first and second written examinations will be one year. The interval between all subsequent written examinations will be two years. A longer period may be required by the board. A fee of $10 is required for each additional written examination.

2. Effective July 1, 1949, the board will waive restrictions on the number of oral examinations authorized, provided the candidate has satisfied the requirements hereinafter set forth in paragraph 4. The board may at its discretion deny reexamination in individual cases. The interval between the first and second oral examinations will be one year. The interval between the second and third oral examinations will be not less than two years. The interval between all subsequent oral examinations will not be less than three years. A longer period may be required by the board. A fee of $20 is required for each additional oral examination.

3. This ruling does not make it mandatory for a candidate to repeat the examination within the specified time limit. Candidate may elect a longer interval in the case of both the written and oral examinations.

4. When applying for reexamination, a candidate who has been unsuccessful in three written or three oral examinations, will be required to present evidence that he has completed additional graduate training of at least three months in internal medicine in an approved medical school, on a full time basis, or its equivalent in approved resident or fellowship training since the last examination. In individual cases the board may require a longer course. Short courses of less than three months may not be applied in satisfaction of this requirement. A new application for admission is required.

The provisions of this section shall be effective retroactively. Any candidate previously disqualified from further examination on the basis of having been unsuccessful in three examinations, either written or oral, may now apply for reexamination subject to the provisions of paragraphs 1 through 4 of this section.

CANCELLATIONS

Effective July 1, 1949, any candidate who cancels his assignment for a written or an oral examination after the official cards of admission have been mailed, will be required to pay a special fee in the amount of $10 before a subsequent examination, unless his cancellation was due to a cause deemed adequate by the board to exempt him from such special fee. The mailing date of the cards of admission will be approximately one month previous to the date of examination. This provision becomes necessary because of the large number of cancellations after complete arrangements have been made, and the expense incident thereto.

CERTIFICATES

The certificate issued by the American Board of Internal Medicine shall be in such form as to comply with the articles of incorporation and the by-laws and shall be signed by the officers and members of the board and shall bear the official seal of the board.

Certificates of the board will be issued to candidate who have satisfactorily completed the written and oral examinations and have been found qualified by the board to practice the specialty of internal medicine. Specialty certification will be designated on the certificate, for those so certified.

SUBSPECIALTY BOARDS

Allergy, cardiovascular disease, gastroenterology and pulmonary diseases are recognized specialties.

Each subspecialty application is individually considered and acted on by the subspecialty board concerned. The candidate is not eligible for examination until his application has been approved by the subspecialty board concerned and confirmed by this board.

All candidates must pass the written and oral examinations in internal medicine before admission to examination in a specialty of medicine referred to. The specialty examinations are oral only and may be taken at any regularly scheduled oral examination subsequent to the candidate's certification in general medicine. Announcements of the oral examination will appear in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the *Annals of Internal Medicine*.

Application forms will be forwarded on request to the office of the Executive Secretary-Treasurer and should be returned to his office when completed.

INFORMATION ON CERTIFICATION IN ALLERGY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

1. Two years, full time, in an approved allergy clinic and hospital (including training both in Allergy and Internal Medicine or Pediatrics), or

2. One year, full time, in an approved allergy clinic and hospital and two additional years of attendance at an allergy clinic and its activities, or

3. Five years, full attendance at an approved allergy clinic and its activities.

Approval is granted solely by the Council on Medical Education and Hospitals of the American Medical Association.

The Director or Chief of the Allergy Clinic must be certified in Allergy by the American Board of Internal Medicine or the American Board of Pediatrics, Inc.

INFORMATION ON CERTIFICATION IN CARDIOVASCULAR DISEASE BY THE AMERICAN BOARD OF INTERNAL MEDICINE

The applicant should be of good character and excellent standing in his community, as attested by letters from sponsors of known integrity. The committee has disapproved applications from men whose training and achievements have seemed otherwise acceptable, but who have been regarded by their colleagues as unethical or otherwise undesirable influences in their communities.

The applicant should have reached a state of maturity, compatible with the acquisition of sufficient factual knowledge and experience to form a basis for sound judgment. The committee believes that it is only unusual individuals who are sufficiently

mature for this subspecialty before the age of thirty-five years or less than ten years after graduation from medical school.

The candidate must have given clear evidence of his deep and constant interest in cardiovascular disease over a period of years. The committee is particularly interested in recommending for examination those applicants whose records indicate that their interest in cardiovascular disease will probably be sustained throughout life, and that their knowledge of the subject will constantly grow. Achievements in the field of research are regarded as evidence of such interest, but publication of articles or prolonged training in research work is not considered essential. Consideration will be given to the circumstances of each applicant's training and experience; those who have been in communities and institutions which offered excellent opportunities for contributions to the knowledge of cardiovascular disease will be expected to have made such contributions. Consideration will be given to the difference in experience of those whose opportunities for research have been more limited.

In most cases it is deemed essential that the candidate after thorough training in internal medicine, shall have received at least one full year of postgraduate education in cardiovascular disease, preferably under the guidance of a person known to be experienced and sound.

Every candidate admitted to the certifying examinations in cardiovascular disease will be expected to possess specialized knowledge of the kind indicated below. This list is by no means complete; it is intended to indicate the nature, rather than the extent, of the knowledge every applicant should have. In terms of its scope it should be regarded as the minimum, not the maximum.

Full and accurate knowledge of the anatomy of the normal and diseased heart, including its relationships to the external chest and to the other mediastinal structures. A comprehensive anatomical knowledge of all important blood vessels including their aberrant locations.

A thorough knowledge of the normal and pathological physiology of the heart and peripheral circulation is considered by the committee to be of fundamental importance.

Detailed knowledge of the diagnostic signs which permit the recognition of all important diseases of the heart and blood vessels, such as arteriosclerosis, arteriosclerotic heart disease, syphilitic heart disease, rheumatic heart disease, constrictive pericarditis, auricular and ventricular septal defects, coronary thrombosis with myocardial infarction, thromboangitis obliterans, Raynaud's syndrome, coarctation of the aorta, aneurysm, patent ductus arteriosus, periarteritis nodosa and lymphedema.

Familiarity with the special methods used in the study of diseases of the heart and blood vessels. In the case of the heart, these include such technics as electrocardiography and roentgenography; in the case of vascular diseases, such technics as the use of the oscillometer and thermocouple, arteriography, and venography, reflex vasodilatation, the cold pressor test, color changes with elevation, dependency and temperature.

Accurate knowledge of the pathologic changes associated with the more important diseases of the heart and blood vessels, sufficient to enable the candidate correctly to evaluate the pathologic condition from gross specimens of microscopic sections.

Fairly extensive and detailed knowledge of the pharmacology relating to heart and blood vessels. This must include full knowledge of the important relationship of the autonomic nervous system both to the heart and to the peripheral vessels, and the effects of stimulation or paralysis of the various parts of the autonomic system by drugs or by surgical methods. The candidate should be intimately familiar with the use and effects of such important drugs as digitalis, quinidine, heparin, papaverine, epinephrine, dicumarol, penicillin, diuretics and sedatives.

Every candidate should have a sound understanding of the indications for conservative therapy, as well as for surgical procedures, in cardiac and peripheral vascular diseases (patency of the ductus arteriosus, arteriovenous anastomoses, constrictive pericarditis, scalenus anticus syndrome).

INFORMATION ON CERTIFICATION IN GASTROENTEROLOGY BY THE AMERICAN BOARD OF INTERNAL MEDICINE

A. Professional Standing

The candidate must have at least two letters from recognized internists or gastroenterologists, which must attest to the candidate's professional qualifications and ethical standing, whether he is specializing in gastroenterology and if not entirely, giving an opinion as to approximately how much of his work is devoted to it.

B. Education

1. The candidate must admit proof of adequately supervised training in the recognized gastroenterologic procedures, including gastric and hepatobiliary function tests, proctosigmoidoscopy and gastrointestinal roentgenology (film interpretation).

2. The candidate must present evidence of fulfilment of one of the following requirements:

(*a*) Formal graduate course in gastroenterology, full time for at lease eight months in a recognized institution.

(*b*) Residency or fellowship for at least one year in gastroenterology under tutelage of a recognized specialist.

(*c*) In the absence of (*a*) and (*b*), attendance and active participation in a ward service or in a gastrointestinal clinic, recognized in standing, for at least five years.

3. If requirements (*a*) or (*b*) under the above heading have been met, only three years of (*c*) will be required.

C. Practice

At least 60 per cent of the candidate's work must have been devoted to gastroenterology for at least three years before application.

INFORMATION ON CERTIFICATION IN PULMONARY DISEASES BY THE AMERICAN BOARD OF INTERNAL MEDICINE

I. Candidates for certification in pulmonary diseases shall fulfil the requirements of the American Board of Internal Medicine as to:

A. General Qualifications.

B. Professional education.

C. Special training.

II. In Addition to the General Requirements of the American Board of Internal Medicine, candidates shall:

A. Have completed special training period in pulmonary diseases to include at least a year's work in a sanatorium or hospital for tuberculosis and at least another year in the practice of pulmonary diseases in such an institution or in association with an older man competent in this field.

B. Submit an application to the Advisory Board in this specialty, which must be approved by all of the members of this board.

C. Pass the written and oral examinations of the American Board of Internal Medicine.

D. Pass the oral and practical examination in pulmonary diseases.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

A. W. Adson, Chairman, Rochester, Minn.
Francis C. Grant, Vice Chairman, Philadelphia.
Percival Bailey, Chicago.
Howard A. Brown, San Francisco.
Leo M. Davidoff, New York.
Leonard T. Furlow, St. Louis.
Eric Oldberg, Chicago.
Bronson S. Ray, New York.
R. Glen Spurling, Louisville.
James C. White, Boston.
Harry Wilkins, Oklahoma City.
William J. German, Secretary-Treasurer, 789 Howard Avenue, New Haven 4, Conn.

General Qualifications

1. Moral and ethical standing in the profession satisfactory to the board of directors.

2. It shall be discretionary with the board to accept for examination candidates who have been in practice more than six years but whose formal training fails to meet the full requirements.

3. Properly qualified candidates who are permanent residents in and citizens of other countries and are legally qualified to practice medicine there, and who have received their training in neurological surgery in the United States of America or Canada may apply for certification by the American Board of Neurological Surgery.

PRELIMINARY PROFESSIONAL STANDING

1. Graduation from a medical school which is acceptable to the American Board of Neurological Surgery.

2. Completion of a surgical internship of not less than one year in a hospital acceptable to the board, or its equivalent in the opinion of the board. (A one year rotating internship does not satisfy this requirement.)

SPECIAL TRAINING

A period of graduate study in a recognized graduate school of medicine of not less than three years beyond the year of general surgical training, or in an approved hospital or under a sponsorship acceptable to the American Board of Neurological Surgery for the training of neurological surgeons. The training in clinical neurological surgery must be progressive and not obtained during repeated short periods in a number of institutions. It is preferable that at least two years of this training be had in one institution, and the board will not ordinarily approve periods of training in clinical neurological surgery of less than one year.

This period of special training shall be of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology and biochemistry is emphasized. Knowledge of these sciences as applied to practice of neurological surgery will be required in the examination. The board will not credit periods of study limited to these basic sciences of longer than six months in fulfillment of this requirement of three years of special training.

Training in diagnostic neurology should be obtained either in correlation with training in neurological surgery or independently. The candidate will be required to pass an examination in this subject.

An additional period of not less than two years in the practice of neurological surgery.

The above represents only the minimum requirements of training for the practice of neurological surgery in the opinion of the board.

APPLICATIONS

An application on the official application blank in such form as may be adopted from time to time by the Board of Directors, in order to be considered at any meeting, must be in the hands of the secretary-treasurer of the board not less than sixty days before the date of such meeting.

The secretary-treasurer of the board on receipt of an application shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary-treasurer may deem desirable, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary-treasurer its recommendation whether or not the applicant is acceptable. The certification of a candidate shall be approved by a majority of the members of the entire board at any meeting held for such certification.

PAYMENT OF FEES

The fee for certification, with or without examination, shall be $100.

The candidate for examination on filing his application shall accompany it with an application fee of $25. When notified by the secretary-treasurer that he is eligible for examination he shall send the examination fee of $75 to the secretary-treasurer at least two weeks before the date of the examination. The application fee will be returned if the candidate is not accepted for examination.

REEXAMINATION

A candidate who has failed in one examination is eligible for reexamination in the subject, or subjects, in which he failed, within three years, on payment of a reexamination fee of $25. A candidate who has failed in one examination and who does not apply for reexamination within three years or a person who has applied within that time but who has failed a second time will be considered a new applicant.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

WALTER T. DANNREUTHER, President, New York.
JOSEPH L. BAER, Vice President, Chicago.
WILLARD R. COOKE, Vice President, Galveston, Texas.
F. BAYARD CARTER, Durham, N. C.
ROBERT A. KIMBROUGH JR., Philadelphia.
DANIEL G. MORTON, Los Angeles.
LAWRENCE M. RANDALL, Rochester, Minn.
HERBERT E. SCHMITZ, M.D., Chicago.
ROBERT L. FAULKNER, Secretary-Treasurer, 2105 Adelbert Road 6, Cleveland.

REQUIREMENTS

Each applicant before he may become eligible to receive the certificate of the board or other evidence of recognition:

1. Must have had conferred on him a degree in medicine by an institution of learning approved by the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals of the American Medical Association.

2. Must establish in a manner satisfactory to the Board of Directors that he is a physician duly licensed to practice medicine, and

(*a*) that he is of high ethical and professional standing.

(*b*) that he has received at least minimal training bilaterally, i. e., in both obstetrics and gynecology. Training in one branch only is no longer sufficient for qualification. The term "minimal training" as used here is at present defined as meaning at least one year of full time formal training, in the branch of either obstetrics or gynecology relegated to a minor role in a candidate's training program as related to his preference and plans for practice. The required total of formal training is three years.

(*c*) that physicians otherwise qualified, who were graduated before Jan. 1, 1939 and whose required training was in obstetrics or gynecology alone, and who have confined their practice to obstetrics or gynecology for at least five years immediately prior to application be accepted for examination as candidates for certification in either obstetrics or gynecology. In all other respects requirements for eligibility remain the same as for those physicians graduated since 1939. Bilateral training is required.

3. Must make application for investigation of his credentials and a survey of his character.

4. Must assure the board that he is limiting his practice to obstetrics and/or gynecology and that he intends to continue to do so, except for possible military duties. Candidates will be accepted only if, on application or by the time of their examination, they have been in practice limited to the specialty for a minimal period of at least two years following completion of their specialty training. This change in requirements permits a qualified candidate to make his application in the second year of his post-training practice period. The sole exception to the two year limitation is practice for the Frontier Nursing Service, Inc., of Kentucky.

This board will not accept applicants for examination who are not full citizens of the United States or of Canada, though they be residents of either country. Foreign born applicants must have been certified by either the National Board of Medical Examiners or licensed to practice medicine in the United States or Canada by a state or provincial board of licensure. Notarized statements, not original citizenship papers, must be furnished when the application is filed attesting to the fact of full citizenship in the United States or Canada, if the applicant is foreign born. Further, there will be required a probationary period of at least three years from the date of licensure in the practice of medicine in these countries before such a candidate may be admitted to examination.

Applicants who have been certified by one of the other American specialty examining boards will not be eligible for certification by this board until they have relinquished the certificate previously conferred. (In making application to this board for certification, applicants, for some time back, have agreed to revocation of their certification by this board if and when they

apply for and receive certification by any other American board, except on special action to the contrary taken by the American Board of Obstetrics and Gynecology.)

The board has ruled that physicians who accept male patients in their private or other practice, for operative or other care, cannot be regarded as specialists in obstetrics and gynecology, except by special ruling when this is related to active military duty.

This board deprecates engagement in fields of practice other than that in which candidates profess to be specialists. The board does not exclude from examination, however, obstetricians-gynecologists who practice abdominal surgery and urology in the female because of the correlation of these activities. Breast surgery, hernia operations, gallbladder surgery and appendectomies *per se* are general surgical conditions.

Military service or any other similar patriotic service, such as work with Selective Service boards, have not been construed as nonlimitation of practice in violation of the board regulations. Officers (Regulars or Reserves) certified by this board and on duty with "Family Dependent Services" are expected to be permitted to limit their work to the specialty, as in civilian life, and not to be engaged regularly in general or other practice.

The minimal requirements for all candidates will be uniform as follows:

1. Completion of at least one year intern service in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association. This need not be a general rotating internship, although this latter is preferred.

The board accepts the fifth or "intern" medical school year required at some schools in lieu of the usual fifth or intern "clinical training" year following graduation.

2. A minimum of seven years of training and practice after the intern year, to include at least three years of residency training in obststrics-gynecology in approved institutions, or adequate preceptorship training. (See Section on Preceptorship Training.) Following completion of acceptable training two years of post-training practice limited to the specialty are required.

This leaves two other years in the total of eight years following graduation. During the early part of this period other training in branches, especially such as general abdominal surgery (see next paragraph), or in pathology, urology, internal medicine, or general practice is desirable and accredited on this total time period. The last two years of such an eight year period must be in practice limited to the specialty. (See paragraph 4 under Requirements.)

The Council on Medical Education and Hospitals of the American Medical Association listed for the first time in 1950 (J. A. M. A., April 15, 1950, pages 1216, 1204-1211), 149 inspected and approved one year residencies in general surgery "as offering training in general surgery . . . in preparation for residencies in surgical specialties." Such residencies are recommended by this board as desirable additional preparation, particularly when they provide opportunities for training in abdominal surgery. As noted above, such service may be included in the total minimal eight years required after graduation.

Post-training practice period may include full time medical school or other positions within the specialty, actual practice within the specialty as an assistant, associate, or independently.

Periods of residency in obstetrics-gynecology in excess of the required three years will not be accepted as a substitute for any part of the two required years of post-training practice except in the cases of men advancing from their residency training into and planning to remain in full time teaching positions in medical schools and their affiliated hospitals.

3. Basic science training should emphasize the relation of the basic sciences, anatomy, pathology, physiology, biochemistry and bacteriology, to the application of surgical principles which are fundamental in all branches of surgery. More especially, for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, electrotherapy, psychosomatic medicine and other nonoperative methods of diagnosis and treatment. In addition, the candidate must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics, wound healing, and so on.

Studies in the basic sciences may be integrated with the clinical work or may be given separately.

SPECIAL CREDITS AND RULINGS

The board conformed with the general acceleration in programs in medical education in that it will accept a period of nine "accelerated" months as an academic year in satisfying the requirement for each of three years of residency training. Such allowances can be made only for services during the wartime period of the official "accelerated program" and are not made for services before 1943 or after the discontinuance of this acceleration in 1946.

No formal graduate courses are required. If taken, credit will be limited to six months. Fellowships will be evaluated individually for credits by the Credentials Committee.

An applicant serving under military orders in an Army or a Navy hospital in an obstetrical-gynecological service under supervision will be given the same credit as if he were working under a preceptor, if these departments are supervised by diplomates of this board or recognized obstetricians-gynecologists. He may obtain full residency credit if such hospital is officially approved and listed for residency training in this specialty. The Credentials Committee of the board will review and give consideration to each individual case. Special request must be made for such credits.

A blank log-book entitled "Medical Officers Professional Training Record" is obtainable from the offices of the Surgeons General. This Record should be carefully kept and attested while in military service.

APPLICATION AND FEES

Application must be made on a special blank which will be furnished by the secretary's office and must be forwarded with the other required credentials and the application fee to the secretary's office at least ninety days prior to the scheduled date of the Part I examinations.

Candidates who have not had a minimum of three years' formal residency type of special training should utilize Preceptorship or Supplemental Training forms, obtainable from the office of the board, to submit in addition to the regular application form.

The application fee is $25 and is not returnable.

The examination fee is $100 and is payable when the candidate is notified of acceptance for examination. This fee is not returnable after the candidate has been officially accepted by the Credentials Committee and notified to report for examination.

If the candidate fails the Part II examination on his original application, he may exercise the privilege of one reexamination (see Examinations, Part II) but he will be required to pay a fee of $25 for such reexamination on making request that his application be reopened for this purpose. This ruling is effective on applications originally made after June 1, 1949.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners and associate examiners serve as such without compensation other than actual expenses.

Many prospective candidates write the secretary's office outlining in their letters their training qualifications and asking informally if they are eligible if this training has been sufficient and, if not, what is still lacking. Any candidate should be able to make a fair estimate of his eligibility after studying these requirements.

Individual officers and directors cannot and will not make any such estimates or rulings. These are made only by the Credentials Committee after reviewing such requests made on a special form provided for this purpose, and submitted to the secretary for an appraisal with the fee of $15 to cover clerical expenses involved.

This form is designated the "Application for Appraisal of Incomplete Training."

Personal interviews cannot be granted by the secretary or other directors of the board unless requested by the board.

Appraisal of Training forms should not be filed if Application for Certification has already been filed. This is unnecessary duplication.

All candidates must comply with the board regulations in effect for the year in which the examination is taken, regardless of when the original application was filed.

Applicants declared ineligible for admission to examination may request reopening of their applications within two years of the filing date without payment of an additional application fee. When a candidate requests that his application be reopened, he must supply the board with information to justify such further consideration. A request for the reopening of an application declared ineligible by reason of insufficient training, nonlimitation of practice or similar items may not be approved in less than two years, although application may be made as specified above to avoid payment of an additional fee. This approval time may be reduced under exceptional circumstances. The request must have adequate supporting evidence of additional training and experience to warrant reconsideration. Preceptorship or Supplemental Training blanks should be used for such reports, and these will be supplied on request.

After two ineligibility or postponement rulings on any candidate's application, an entirely new application must be submitted (with or without fee, according to current requirements) in order to bring data down to date. The essential feature of this should be evidence of additional training and experience.

Applicants declared eligible but who fail to exercise the examination privilege within three years of the date of filing the application are required to file a new and current application and to pay a new application fee.

Candidates should offer as sponsors or references two diplomates of this board with whom they are presently in contact, rather than men under whom they served as residents only. It is required that sponsors be from the candidate's community and currently acquainted with the candidate and his ability in his practice of the specialty.

On notice of acceptance for admission to examination, examination fee is due and also case records which should be shipped by the candidate to the secretary's office as soon as possible and not later than the date of the Part I written examination.

The candidate should make immediate acknowledgment of his notice of acceptance, at which time he will notify the secretary's office approximately when to expect his case reports.

147
951

EXAMINATIONS

Part I examinations are scheduled annually for early in February. Grades cannot usually be mailed from the secretary's office until after April 1 following the examination. Arrangements will be made for candidates to report in any convenient city where there may be a diplomate of this board to conduct or supervise the written examination which will be sent out from the board's office under sealed cover.

Special arrangement will be made through senior officers for conducting the written portion of the Part I examination for men in military service. Such candidates are requested to keep the secretary's office informed at all times of changes in their mailing addresses.

All applicants accepted for examination will be required to obtain a passing grade in both the written examination and a review of case reports (Part I), before becoming eligible for the oral-clinical and pathology examinations (Part II). The passing grade for the written examination and case reports is 75 per cent. A candidate whose grade in either or both falls below 75 per cent is conditioned.

Reexamination for the removal of conditions in Part I may be taken after one year but within three years after the first failure, without payment of an additional fee.

Application for reexamination in Part I must be made by the candidate prior to November 1 of any year.

Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held later in the year.

Candidates appearing for reexamination under a new application after two previous failures will not be required, if they have passed all or part of the Part I examinations on their first application, to repeat such examination items already successfully cleared.

PART I

Examination consists of:

1. A comprehensive written examination, conducted annually, including questions on both obstetrics and gynecology and related basic sciences. The written examination will be limited to a maximum period of three hours.

2. The filing, as early as possible, and not later than the date of the written examination, of twenty-five obstetrical and gynecological case reports, in condensed form. (See Sections on Case Reports.)

Grades on case reports submitted for review prior to the written examination will be announced simultaneously with those of the latter; candidates who take the written examination but fail to submit case reports on or before the date of the written examination cannot be given the grade on the latter until their case reports have been received and graded.

PART II

The oral-clinical and pathology examinations given all candidates are conducted by the entire board and the associate examiners usually near the time and place of the annual meeting of one or more of the national societies represented on this board. Advance announcements of examination dates and place will be made in medical journals throughout the country.

Examination consists of:

1. Oral examination before two to four examiners.

An endeavor is made to adapt the details of the oral examination to each candidate's experience and practice. The examination is particularly directed to ascertain his familiarity with recent obstetrical and gynecological literature, the related basic sciences, the breadth of his clinical experience, and his general qualifications as a specialist in obstetrics and gynecology.

2. Pathology examination.

The candidate is expected to identify and to discuss several obstetrical and gynecological pathologic specimens and sections.

Examiners report orally on each candidate to the assembled board, after which the results of their investigations are considered jointly by the entire board and associate examiners. After a general consideration of the details of the candidate's oral and pathology examinations, including a review of his capability and general adaptability, the candidate is passed or failed by the entire board of directors.

The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examination.

When a candidate fails in Part II of the examination, he is not required to repeat Part I but is required to repeat Part II only. One reexamination may be taken within three years of the original examination and first failure without formal reapplication papers. Request for reopening of the candidate's original application must be filed with a reexamination fee of $25 (See Application and Fees). Application for reexamination in Part II must be made by the candidate prior to February 1 of any year. Data regarding additional training or experience and medical school or hospital appointments acquired in the interim must be cited in the letter and verified on a Supplemental Training Form obtained from the office of the secretary of the board.

The reexamination fee will be effective only on original applications filed subsequent to the date of this announcement, namely, June 1, 1949.

The candidate may be allowed to reappear at the examination following the one failed by him. The board may, at its discretion, deny the candidate the privilege of reexamination. Requests for admission to reexamination must be accompanied by statements covering additional training, or opportunities for supervised clinical experience since the previous failure to justify such readmission.

Failure to exercise the privilege of reexamination within three years entails the filing of a new application with the usual application and examination fees.

After two failures in either Part I or Part II on the first application, the candidate may reapply and be readmitted to examinations once only. Exceptions to this ruling can be made only by action of the entire board of directors in annual session, usually to be based on evidence of additional training and experience sufficient to warrant such action.

CASE REPORTS

Case reports are to be sent by the candidate to the secretary as soon as possible after receiving notification of eligibility, and not later than the date of the Part I written examination.

Twenty-five important obstetrical and gynecological case reports, in condensed form, are required. Five cases may concern major illnesses, not necessarily operative. These reports must include a variety of material rather than a number of reports of one type. Effective Jan. 1, 1952 case reports from one residency's service shall not be more than five in number.

Men holding full time medical school faculty appointments may submit half their case records from this full time, nonprivate practice, but post-training service. (See Requirements.)

The candidate should prepare and maintain in his possession a carbon copy of his case records in case of possible loss in shipping.

These reports are not to be copies verbatim from hospital records, but should be in condensed form.

Evidence of adequate follow-up examination pertinent to each individual case must be submitted.

The candidate should submit *separate verified index lists, in duplicate* for each individual hospital at which operations were performed. All of these must be formally signed by the responsible hospital official (preferably the hospital superintendent), attesting in each instance that the candidate was the operator.

In the upper left-hand corner of each index sheet there should appear:

Candidate's Name; and Name and Address of Hospital.

The data for each patient should be tabulated horizontally, reading thus:

1. Sequence number of case report (1 to 25).
2. Whether patient was from the candidate's residency service or his own private or ward practice, as follows: "Res. Serv." or "Own Practice." *All records failing to have this information will not be considered acceptable.*
3. Patient's name or identifying initials, age, parity.
4. Date of patient's admission and hospital admission number.
5. Date of patient's operation.
6. Date of patient's discharge.
7. Dates of follow-up examinations.

At the foot of each index sheet should be placed the attested statement of the hospital official, referred to above. This statement should read as follows:

This is to certify that the above listed case reports have been verified by me from the records of this Hospital and these patients operated upon in this institution by Dr.————————; that the admission number and dates specified are correct. This is further to certify that the reports given the following sequence numbers (———— to ———— inclusive) were from the residency service of the aforementioned physician and the reports given the following sequence numbers (———— to ———— inclusive) were from his own practice (ward or private) in this Hospital and that in all instances he was the chief operator.

.....Signature

.....Official Title

Date.....

Each case report should be typewritten on standard size paper, 8½ x 11 inches, and these reports then assembled in sequence. Covers should not be used for separats reports, as this increases their bulk unduly. Reports should be bound loosely together in a light outside cover not larger than 10 x 12 inches, so that they may be opened and held like a book The following items should be observed:

I. Each case report should be headed by identifying information corresponding with that of the index lists, including sequence number, designation as a "Residency" or "Own Practice" case, and so on.

II. The report of the case should begin with:

1. Preoperative diagnosis.
2. Postoperative diagnosis (based on findings).

III. The report should be in condensed form, not reported in detail. Follow-up findings of not less than six (6) months are essential. Omissions of follow-up examinations must be explained and justified.

IV. Obstetrical reports which do not include essential pelvic measurements and note of methods used, will be considered incomplete.

V. Critical summary or analysis of each report with critical deductions derived from correctness or incorrectness of candidate's procedures and from final results must be a final part of each report. Lacking such summary, *reports will be considered incomplete and will not be graded.*

GRADUATE TRAINING RESIDENCIES

This board, through the Council on Medical Education and Hospitals of the American Medical Association, has approved institutions providing acceptable residencies in obstetrics and gynecology.

The American Board of Obstetrics and Gynecology has established the following requirements for its approval of a residency in a hospital department or service:

1. It is most desirable that the Chief of the Active Visiting Staff of the Department be certified by the Board, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In lieu of such certification the Board will accept individuals of recognized high professional standing in the specialty. At least one additional member of the staff shall be similarly qualified.

2. Exceptions to the foregoing, in respect to the certified status of Chiefs of Service and others as outlined above, can be made by assent of the Committee on Residency Training for adequate and justifiable reasons. As examples of the latter, the degree of F.A.C.S. in obstetrics-gynecology may be accepted in lieu of one of the two required certifications if the general reputation of the person concerned is known to the Committee as national or sectional in scope, or a professorial rank without certification might be acceptable.

3. In instances where the services of obstetrics-gynecology are not combined but are separate in any given hospital, the Chief of each such service seeking approval and at least one of his subordinates must be certified or otherwise qualified as outlined above.

If obstetrics and gynecology are not combined in one department, approval can be granted only if arrangements are made for some degree of rotation of residents between both services, provided both services are separately approved.

4. If gynecology is classified in the given hospital as a subdivision or subservice of general surgery, approval cannot be granted for residency training in gynecology. Exceptions have been made if the subdivision of gynecology is headed and staffed by a chief and at least one other certified by this board or otherwise qualified as specialists in obstetrics-gynecology, as specified above, thus insuring an acceptable educational program in obstetrics-gynecology.

5. Effective July 1, 1948, "temporary approvals pending survey" were discontinued. It is expected that all presently approved hospitals will soon be initially surveyed, if holding temporary approval, or resurveyed and redesignated if holding unconditional approval.

6. Departments holding official approvals for residency training are cautioned that their totals of residents appointed must be kept to the number specified in the A. M. A.—American Board approval notification. Dilution of training facilities by unauthorized appointment of residents in excess of these numbers may be cause for reinspection and changes in approval status of such hospitals and their special services.

7. For further details of requirements and qualifications for approval for residency training, hospital officials should refer to the latest special issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION as they appear during each year, dealing with these subjects, *or should apply to the Council on Medical Education and Hospitals of the American Medical Association for bulletins entitled Essentials of Approved Residencies and Fellowships.*

8. Application for residency approval must be made in triplicate on special forms provided for this purpose. These forms may be obtained from the Secretary of the Council on Medical Education and Hospitals of the American Medical Association, or from the Secretary of the American Board of Obstetrics and Gynecology. All statements amplifying an application should also be made in triplicate. The hospital should keep a duplicate of all papers.

V 1
195

9. The formal application, with all papers, for residency training approval should be submitted primarily to the Council on Medical Education and Hospitals of the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois. Action is taken jointly by the Council and this Board after survey by the Council.

10. Approvals are granted according to adequacy of the training program and teaching facilities of various institutions on the following several bases: (a) one-year approval in obstetrics and gynecology (combined) or one-year approval in obstetrics and/or in gynecology (separate), correlated basic science instruction being an essential part of the first year; (b) two-year approval in obstetrics and gynecology (combined) or two-year approval in obstetrics and/or in gynecology (separate), provided there is opportunity in the latter instances for some degree of rotation between the two services as well as laboratory instruction in basic sciences; (c) three-year approval in obstetrics and gynecology (combined) or in obstetrics or in gynecology, provided there is opportunity for one to one and one-half years' service in the branch of the specialty opposite to that in which the candidate holds appointment, as well as laboratory instruction in the basic sciences of both branches.

Three (3) years' approval is available to institutions holding active medical school teaching affiliations. Other institutions may acquire three (3) years' approval if their educational programs and teaching facilities are adequate for such approval. Probably the most desirable type of approval, from the hospital's standpoint, is that of two (2) years in obstetrics and gynecology, because of the greater flexibility regarding appointments. These two (2) years may be the first two (2) following a trainee's internship or they may be the last two (2) of his formal training following an internship plus one (1) year of acceptable training in the specialty. A service with two-year approval may also, if it desires, appoint a man for only one (1) year, as for example, if he has already had two (2) years of approved training.

Many institutions with three-year approval appoint a group of men for the first year, promoting only part and releasing some of them at the end of this time. Other institutions are accredited for only one (1) year and both will from year to year provide partly trained men for the two-year institutions, which may thus complete a candidate's required training.

Some institutions may be granted one-year approval either because of limited facilities or, in certain instances, because of the preference of the institution which may require that candidates for such positions must show evidence of having completed two (2) years of satisfactory training.

No stipulation has been made that an institution holding only one-year training approval must provide this as the first year of a candidate's formal training. It may be his second or even his third year, responsibilities being graded accordingly, but if it is his first year laboratory basic science instruction is an essential part.

On the other hand, candidates may be promoted from year to year in one place for their entire service of three (3) years if this institution is so approved and listed.

Exchange residencies within the specialty between approved institutions are acceptable and to be encouraged. Many authorities believe that training in more than one institution is broadening to the candidate. "Farming out" to unapproved institutions or services is not acceptable unless the work of such services is directly and carefully supervised by the Chiefs of the service in the approved hospital under which the man is actively appointed and working. This should be attested by such Chiefs.

Exchange residencies into other specialties cannot be permitted to subtract from the minimal required three (3) years of training divided between obstetrics-gynecology.

As noted elsewhere, two (2) years of post-training practice limited to the specialty is necessary before a candidate becomes eligible for certification.

This Board has no objection to residency services being arranged by hospitals for periods longer than three (3) years, unless this dilutes the candidate's clinical training opportunities too much during the first three (3) years. However, the Board does not accept a fourth year, or more, of residency training as a substitute for any part of the required two (2) years of post-training practice. The importance of post-training practice in the specialty is emphasized as an opportunity for maturing of the candidate and for colleague appraisal of a man's ability when working on his own responsibility in his chosen community.

Exception to this ruling may be made for men advancing from their training into and planning to remain in full-time teaching positions. These men then must complete at least two (2) years in such positions. Consequently the only institutions in which men may work as fourth and fifth-year residents and obtain credit for this time as "post-training practice" are those directly affiliated with approved schools of medicine as teaching hospitals for undergraduate instruction. These "full-time" men must hold faculty appointments, must have teaching duties with undergraduate students, must be given independent authority more than that of residents, and must make a declaration of intention to remain in full-time teaching work.

11. Lists of officially approved institutions for formal residency training appear regularly in certain issues of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. Detailed information about any of these can be obtained from the Association.

12. Any physician formally obligating himself to serve a residency in a Council on Medical Education and Hospitals of the American Medical Association-American Board of Obstetrics and Gynecology approved hospital and thereby eliminating other possible candidates from the position, who breaks his contract without justifiable cause, either before beginning his service or during his period of service, except by mutual consent and agreement between the candidate and the hospital, may be barred from the examinations for certification at the discretion of the board.

PRECEPTORSHIP TRAINING

It should be recalled by all concerned that credits for graduate training may be obtainable in certain instances for residency or assistantship service in hospitals not officially approved for residency training. Each such case must be individually considered, and credits will be largely dependent on the teaching qualifications of those in charge of the service, and the clinical facilities of the hospital in question.

As a substitute for part of the required total of formal residency training, service with a qualified obstetrician-gynecologist preceptor, preferably one who has been certified by the board, may be acceptable. The exact time basis for this has not been specified, and each case must be reviewed and decided individually by the Credentials Committee after the application is submitted in the regular manner. The time allowance for this type of training will vary with the amount of work done with the preceptor. It is unusual for more than six months' credit to be given for one year of preceptorship training.

An acceptable preceptor is a specialist in obstetrics and gynecology of long experience certified by this board. His volume of office and hospital practice must be large enough to offer ample opportunity for the candidate's training. Preceptorship training should include participation in procedures of office and hospital practice, including operative and obstetric responsibilities, with adequate time devoted to the studies of basic sciences and pathology and the study of current literature pertaining to this specialty. The preceptor should supervise closely the candidate's work and keep an informative record of the candidate's performance in order to facilitate the board's efforts in evaluating the adequacy of the candidate's training.

Candidates who propose to offer preceptorship training for any part of their necessary credits before this board should request Preceptorship Training forms to be sent them by the office of the board in addition to the application blank. These forms are to be filled out by the candidate, executed by the preceptor and returned by him directly to this office, with a covering letter amplifying any of his statements or the data contained in the preceptorship form.

The post-training practice requirement cannot be considered as being carried on concurrently with preceptorship training. It must be dated from the time when a candidate is considered by his preceptor and the board, as having completed his training. The candidate need not discontinue or change the status of his assistantship to establish these dates. The Credentials Commit-

tee is not likely to allow more than six months' training credit to be given for each year of preceptorship training as compared with the more intensive formal residency training.

CERTIFICATION

Each certificate granted or issued does not of itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice obstetrics or gynecology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to standardize qualification for specialists in obstetrics and gynecology, and to certify as specialists those who voluntarily appear before the board for such recognition and certification, according to its regulations and requirements.

The board does not subscribe to any hospital rule that certification is to be required for medical appointments especially in ranks lower than chief or senior staff of hospitals, or associate professorship in schools of medicine, for the obvious reason that such appointments constitute desirable specialist training.

Even though certification or its full equivalent may be considered a desirable requisite to appointment in key positions, as on the senior or chief staff, particularly of hospitals expecting to conduct approved services for training of residents, it was never intended by this board that certification should be required by any hospital as a prerequisite to appointment, especially in such lesser positions.

AMERICAN BOARD OF OPHTHALMOLOGY

JOHN H. DUNNINGTON, Chairman, New York.
DERRICK T. VAIL, Vice Chairman, Chicago.
WILLIAM L. BENEDICT, Consultant, Rochester, Minn.
CONRAD BERENS, Consultant, New York.
WALTER B. LANCASTER, Consultant, Boston.
GEORGIANA D. THEOBOLD, Consultant, Oak Park, Ill.
FRANCIS H. ADLER, Philadelphia.
JAMES H. ALLEN, New Orleans.
WALTER S. ATKINSON, Watertown, N. Y.
FREDERICK C. CORDES, San Francisco.
F. BRUCE FRALICK, Ann Arbor.
ROBERT J. MASTERS, Indianapolis.
BRITTAIN F. PAYNE, New York.
M. HAYWARD POST, St. Louis.
PHILLIPS THYGESON, San Jose, Calif.
EDWIN B. DUNPHY, Secretary-Treasurer, Boston.
MISS LEA M. STELZER, Registrar, 56 Ivie Road, Cape Cottage, Maine.

Address all communications to the American Board of Ophthalmalogy, Cape Cottage, Maine.

REQUIREMENTS

All candidates must comply with current board regulations regardless of time of filing application.

The secretary is not permitted to make decisions as to requirements. These rulings are made only by the Committee on Credentials after reviewing the candidate's formal application.

PREREQUISITES

1. High ethical and professional standing.

2. Full citizenship in the country where the candidate practices. (Limited to countries of North and South America, their possessions and territories.)

3. A degree from a medical school of high standing, satisfactory to the board and approved by the Council on Medical Education and Hospitals of the American Medical Association. An applicant whose training has been received outside of the United States and Canada must present credentials satisfactory to the board and is required to have the certificate of the National Board of Medical Examiners if he has been in practice less than ten years.

4. Completion of an internship of not less than one year in a hospital approved by the same Council.

5. Not less than thirty-six months (a total of sixty months is required of candidates practicing both ophthalmology and otolaryngology) of combined study, training and practice of ophthalmology in approved medical schools, hospitals, clinics, dispensaries, laboratories, preceptorships and private practice.

GENERAL REQUIREMENTS FOR ALL CANDIDATES

1. Application forms must be filled out completely and accurately. Letters of endorsement, together with any other required credentials, must be sent to the secretary's office before the deadline date.
2. Fee of $100 remitted with application.
3. A list of papers or books published.
4. Written qualifying test.
5. Practical examination.
6. Special review of ophthalmic surgery.
7. Membership in the American Medical Association, or such other societies as are recognized for the purpose by the Council on Medical Education and Hospitals of the American Medical Association.

FEES

For written test and original examination, $100 (as mentioned previously).

Repeating Written Qualifying Test, $65.

Repeating Practical Examination, $65.

Single conditions, Written or Practical (except surgery), $35.

Repeating Practical Surgery, $35.

Two or more conditions, $35.

Written qualifying test must be taken within three years of date of application. Thereafter new application and fee are required.

The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expenses.

SPECIAL TRAINING

This shall include:

1. Graduate study of the basic medical sciences which are fundamental to the intelligent practice of ophthalmology, particularly: anatomy, histology, embryology, optics, physiologic optics, visual physiology and psychology, pathology, bacteriology, pharmacology, disorders of ocular motility and binocular vision, perimetry, and in the skilful adjustment and use of instruments such as the ophthalmoscope, retinoscope, slit lamp and microscope. Mere factual knowledge is not sufficient; the candidate must have had training in the application of these subjects and in their use in clinical ophthalmology, especially in refraction.

2. Active clinical experience in approved hospitals, clinics, dispensaries and private practice. Library and laboratory facilities should be utilized for intensive study of cases.

The subject matter to be covered under 1 and 2 is outlined in the syllabus prepared by the board.

These requirements may be met in various ways:

BASIC STUDIES

Anatomy
Embryology and developmental abnormalities
Biochemistry
Pathology
Bacteriology and immunology
Optics and physiologic optics
Ocular physiology
Medical Ophthalmology
Therapeutics and pharmacology
Neuro-ophthalmology

These may be covered by:

A. *Graduate Study.*—By a curricular course in the basic sciences related to ophthalmology in an approved graduate medical school.

B. *Postgraduate Study.*—By courses in individual basic sciences related to ophthalmology as given at various approved institutions. The Home Study Course of the American Academy of Ophthalmology and Otolaryngology is recommended.

C. *Residency.*—By advanced study of these subjects during a residency and by correlation of the principles involved with clinical problems.

D. *Research, Fundamental and Clinical.*—By the detailed study, under supervision or as assistant to an experienced research worker, of some problem or topic which brings the basic sciences into direct relation with the concrete clinical problem.

V 1
195

CLINICAL EXPERIENCE

A. By residency in an approved hospital. The most desirable of these residencies have regular lectures covering the entire field of clinical ophthalmology and of the basic subjects as applied in clinical practice. Many of these have seminars at which residents report cases which they have carefully worked up. These are discussed by the other residents and by the staff and the method of presentation as well as the subject matter critically considered.

B. By residencies in hospitals where regular instruction by lectures and quizzes and seminars is not available. The syllabus issued by the board will guide the resident in his selection of topics to be studied.

C. By fellowships in ophthalmology.

D. By preceptorship with a well trained and critical ophthalmologist.

E. After completing a residency it is of great advantage to secure a position in a clinic as fellow or assistant. This may require only part time work, but due credit will be given. Its value to the student depends on how much study he puts into it and on how competent his seniors are.

F. Research under competent critical and sympathetic supervision will give first hand insight into (1) the methods whereby old knowledge was and new knowledge is acquired and (2) the pitfalls which accompany attempts to enlarge the sphere of knowledge. Only in this way can the candidate evaluate basic facts in the intelligent critical way which is expected of the specialist in practice.

G. The candidate who cannot secure the type of residency he desires should not despair, for his progress depends far more on how he uses his opportunities than on the opportunities themselves.

WRITTEN QUALIFYING TEST

Before being accepted for examination, candidates are given a written test to ascertain their qualifications. The questions may cover any part of ophthalmology and are especially devoted to the basic studies as listed above. The written test will be given in several principal cities at the same time. Choice of cities is determined largely by the geographical distribution of candidates. Candidates found acceptable will be notified to appear for a subsequent practical and clinical examination in ophthalmology.

EXAMINATIONS

Examinations usually are held annually at or near the time and place of the meeting of the American Medical Association; also at other times and places at the discretion of the board, depending on the number of applications from any region.

The board reserves the right to limit the number of candidates to be admitted to any one examination.

Candidates must be examined in all subjects listed in the sections titled Basic Studies and Practical and Clinical Examination. The time spent in preparation will count less than the knowledge and experience acquired as shown on examination.

PRACTICAL AND CLINICAL EXAMINATION

The subjects of the practical examination are as follows: (1) External Diseases, (2) Ophthalmoscopy, (3) Histopathology, (4) Refraction, (5) Motility, (6) Ophthalmic Surgery, (7) Perimetry.

1. *External Diseases of the Eye and Adnexa.*—Various methods of examination, diagnoses and treatment.

2. *Ophthalmoscopy.*—Patient will be examined by the candidate and the findings described or drawn. A candidate is required to bring his own ophthalmoscope.

3. *Pathology.*—The candidate will demonstrate familiarity with general clinical pathology as well as the etiology, pathology and bacteriology of diseases of the eye. He will be asked to examine microscopic slides and to recognize normal and pathologic histology of the eye.

4. *Refraction.*—A candidate will examine patients and show mastery of various methods, and of the principles of refraction and of retinoscopy. He should bring his own retinoscope.

5. *Motility.*—The candidate will demonstrate on patients his familiarity with routine methods of examination and diagnosis.

6. *Ophthalmic Surgery.*—A candidate will demonstrate his surgical technic on animal eyes. He must bring his own equipment for performing an extracapsular combined extraction of the lens.

7. *Perimetry.*—The candidate will be given an opportunity to examine patients by use of the arc perimeter, the tangent screen and the stereocampimeter. He may also be required to interpret charted fields.

SPECIAL REVIEW OF SURGICAL CASES

The board now requires of ali candidates a list of ophthalmic operations performed within two years prior to examination. This list is to be presented with application.

The operations should be listed in groups of each type of surgery. The numbers of operations in each group must be totalled and the total number of all operations shown. This list must contain the following data:

1. Date.
2. Condition or conditions for which operation was performed. Complications during hospitalization.
3. Name and character of operation.
4. Identification by hospital or clinic number, or the name of a consultant or confrere who was present at the time of operation.

Circumstances which prevent any candidate from fulfilling this requirement should be fully explained, with detailed statement of candidate's surgical experience.

CERTIFICATION

The decision of the board is final as to the candidate's passing, failure or partial failure. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

REEXAMINATION

Candidates may be reexamined as often as they desire on satisfactory evidence of adequate additional preparation and payment of reexamination fee. A minimum of one year must elapse between examinations when a candidate is conditioned in one or more subjects. A minimum of two years additional preparation is required of candidates who fail in all subjects. The board may, at its discretion, deny the candidate the privilege of reexamination.

NO DEGREES OR LEGAL RESTRICTIONS

Each certificate granted or issued does not of itself confer or purport to confer on any person any degree or legal qualifications, privileges or license to practice ophthalmology, nor does the board intend in any way to interfere with or limit the professional activities of any duly licensed physician. Its chief aim is to elevate the standards of qualification for specialists in ophthalmology and to certify as specialists doctors of medicine who appear before the board for such recognition and certification, according to its requirements and regulations.

AMERICAN BOARD OF ORTHOPAEDIC SURGERY

RALPH K. GHORMLEY, President, Rochester, Minn.
FRANCIS M. MCKEEVER, Vice President, Los Angeles.
T. CAMPBELL THOMPSON, New York.
WILLIAM T. GREEN, Boston.
HUGH SMITH, Memphis.
DON E. KING, San Francisco.
CLARENCE H. HEYMAN, Cleveland.
WILLIAM M. ROBERTS, Gastonia, N. C.
HAROLD A. SOFIELD, Secretary-Treasurer, 122 S. Michigan Ave., Chicago 3.

RULES AND PROCEDURES

I. GENERAL ELIGIBILITY REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. Graduation from a medical school of the United States or Canada, recognized at the time of graduation by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered satisfactory by the aforementioned Council.

3. Completion of an internship of not less than one year in a hospital approved at that time by the Council on Medical Education and Hospitals of the American Medical Association or, if trained in foreign countries, in institutions considered satisfactory by the American Board of Orthopaedic Surgery.

4. Starting in 1952 and continuing subsequently, applicants taking Part I examinations for the first time must have completed not less than one year of resident training in general surgery in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association, or present evidence of comparable training in general surgery considered satisfactory by the American Board of Orthopaedic Surgery. The minimum of one year of training in general surgery is in addition to the minimum of one year of internship.

5. Completion of formal requirements for Part I or Part II examinations. These formal requirements can only be satisfied by training in one or two categories:

(*a*) resident orthopaedic training

(*b*) preceptorship training

Applicants may no longer be admitted to examinations, or be certified, on the basis of extensive specialized practice and/or teaching appointments and/or many short unapproved courses.

6. Restriction of practice to orthopaedic surgery.

II. Requirements for Part I Examination

1. Completion of and compliance with aforementioned general eligibility requirements.

2. Citizenship in the United States or Canada, or possession of citizenship papers showing intent to become a full citizen.

3. Satisfactory completion of a minimum of one year of approved training in orthopaedic surgery under a program of resident orthopaedic training, or completion of a minimum of five years of orthopaedic training under a preceptorship program.

Starting in 1952 and continuing subsequently, in addition to the aforementioned requirements, applicants taking Part I examinations for the first time will be required to have satisfactorily completed a minimum of two years of approved training in orthopaedic surgery instead of one year previously required. Applicants training on preceptorship programs will still be required to have completed a minimum of five years of orthopaedic training.

4. Evidence of competence in training.

5. Approval for examination by the Committee on Eligibility of The American Board of Orthopaedic Surgery.

III. Requirements for Part II Examination

1. Successful completion of Part I examination.

2. Full citizenship in the United States or Canada.

3. License to practice in the United States or Canada.

4. Membership in the American or Canadian Medical Association.

5. Satisfactory completion of a minimum of three years of approved resident training in orthopaedic surgery, plus a minimum of two subsequent years of practice period for applicants trained under resident orthopaedic training programs.

6. Satisfactory completion of a minimum of five years of practice period for applicants trained under preceptorship programs.

7. Evidence of competence in practice.

8. Approval for examination by the Committee on Eligibility of the American Board of Orthopaedic Surgery.

IV. Application and Examination Fee Schedule

1. Application for Part I, fee $15, not returnable.

2. Examination, Part I, fee $35, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

3. Application for Part II, fee $15, not returnable.

4. Examination, Part II, fee $50, payable only if approved for examination. Approved candidates failing to appear for scheduled examinations forfeit fees.

5. Reexamination, Part I, fee $35; for Part II, fee $50. No application fee is required for reexamination.

V. Applications

1. Applications for Part I examinations must be received in the office of the secretary of the board before November 30 of the year preceding the examination.

2. Applications for Part II examinations must be received in the office of the Secretary of the Board before August 15 of the year preceding the examination.

3. Notices of acceptance for admission to the Part I examinations are mailed to eligible candidates during the month of February in the year of the examinations.

4. Notices of acceptance for admission to Part II examinations are mailed to eligible candidates during the month of November in the year preceding the examination.

5. Questions of eligibility for examinations are decided by the Committee on Eligibility of the board. This committee meets twice yearly. The secretary is not empowered to rule on questions of eligibility.

VI. Examinations

1. Part I examinations are held once yearly, usually in April or May, in various centers in the United States.

2. Part II examinations are held once yearly, usually in one center, immediately preceding the meeting of The American Academy of Orthopaedic Surgeons.

VII. Certification

1. Applicants who successfully pass Part I examination will receive no certificate but will be notified by letter by the secretary.

2. Applicants who successfully pass Part II examinations receive a Certificate of the Board which states that they have been found qualified to practice the specialty of orthopaedic surgery in those fields in which they have been trained and examined.

3. Candidates obtaining certification without training and examination in children's orthopaedic surgery may subsequently add certification in children's orthopaedic surgery by completing a minimum of one year of approved resident orthopaedic training in children's orthopaedic surgery and successfully passing examination in that field. A practice period of one year is required following completion of resident training, prior to examination for additional certification.

VIII. Approved Residencies

1. In the United States, resident training must be taken in institutions approved for resident training in orthopaedic surgery by the Council on Medical Education and Hospitals of the American Medical Association. All approved institutions are listed at frequent intervals in the Internship and Residency number of The Journal of the American Medical Association. Lists may be obtained from the American Medical Association and are not obtainable from the board.

2. The integral parts of approved residencies are designated in lists by the following symbols: A—Adult Orthopaedic Surgery; C—Children's Orthopaedic Surgery; F—Fracture Surgery; and S—Basic Science training. Approved lengths of training in institutions is also designated.

3. Candidates electing an additional year of training in adult orthopaedic surgery and fracture surgery in lieu of a year in children's orthopaedic surgery may satisfy requirements by continuing their training beyond the designated approved length of time in institutions approved for adult orthopaedic surgery or adult orthopaedic surgery and fractures.

4. Credit for resident training is not retroactive. Candidates must receive resident training in institutions during periods that such institutions are on the approved list. If candidates are in training at institutions at the time that such institutions become approved, resident training credit may be granted from the start of the training period provided that the program is judged to have been satisfactory.

5. Candidates in resident training, or possessing signed contracts for future resident training in institutions which become disapproved, either in whole or part, receive resident training credit for the entire period during which their contracts are in force.

6. The term "fellow" is considered synonymous with "resident" when the position occupied and the work performed is equal in all functions. Fellowships in institutions having residents, in which training and responsibilities are not equal, are not credited as resident training.

7. Institutions approved for resident training in orthopaedic surgery by the Council on Medical Education and Hospitals of the American Medical Association may, with prior acceptance by

V 1
195

the American Board of Orthopaedic Surgery and notification to the Council, utilize the training facilities of institutions not individually approved for resident training by the aforementioned Council, provided that :

(*a*) The training supplements services in the same categories in which the institution responsible for training is approved by the Council.

(*b*) The resident spends at least half of the minimum required time in each category of training in institutions approved by the Council.

8. Foreign residencies must satisfy the American Board of Orthopaedic Surgery.

9. Application for approval of the training facilities of any institution must be made to the Council on Medical Education and Hospitals of the American Medical Association, and inspection of such facilities is made by representatives of the Council. Final approval is a joint function of the Council and the American Board of Orthopaedic Surgery.

IX. Requirements of Resident Orthopaedic Training

1. Institutions approved for full three year programs including all parts of the training requirements may integrate all parts so that they are given concurrently.

2. Institutions now approved for less than three years of orthopaedic resident training should arrange with other approved institutions to provide complete three year programs for all residents. It is planned that such desirable complete programs, with their participating institutions, will be listed separately.

3. The minimum requirements of orthopaedic resident training are as follows:

(*a*) One year of training in adult orthopaedic surgery.

(*b*) Six months of training in the basic sciences.

(*c*) Six months of training in fracture surgery.

(*d*) One year of training in children's orthopaedic surgery or, if elected, an additional year of training in adult orthopaedic surgery and fracture training in place of training in children's orthopaedic surgery.

4. Candidates who elect an additional year of training in adult orthopaedic and fracture surgery instead of a year in children's orthopaedic surgery may satisfy the requirements by taking the additional year of training in adult orthopaedic surgery or six months of adult orthopaedic surgery and six months of fracture surgery, but may not take the entire year of training in fracture surgery.

5. Training in adult and children's orthopaedic surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of orthopaedic problems.

6. Training in fracture surgery must include observation and first hand experience in diagnosis, treatment, operative and postoperative care of recent and old fractures.

7. Training in the basic sciences must instill a sound knowledge of anatomy, pathology, physiology, bacteriology and biochemistry as these basic sciences apply to orthopaedic surgery.

8. Candidates may complete the training requirements by training in several approved institutions provided that all the aforementioned minimum requirements are satisfied on approved services.

9. No training period of less than six consecutive months in one institution may be credited toward resident training requirements, except a few short courses on the board's approved list and recognized supplementary services of approved institutions.

10. Candidates in resident training may not engage in private practice.

11. Candidates in resident orthopaedic training must receive their training in institutions and may not receive credit for time spent assisting in private office practice, which is considered as preceptorship training.

12. Candidates trained on accelerated programs during the war years are credited with one year of training for each nine months' residency on established accelerated programs.

X. Requirements of Preceptorship Training

1. The preceptor must possess certification by the American Board of Orthopaedic Surgery.

2. The practice of the preceptor must be extensive enough to give the candidate experience in all phases of orthopaedic practice.

3. The preceptor must devote special periods of time each week, outside of the routine hours employed in hospitals and office practice, to assist the candidate with organized courses of study similar to those received during resident training.

4. If facilities and instruction in the related basic sciences are not available, the candidate must spend a minimum of six months as a student in an institution approved for basic science training in orthopaedic surgery.

5. The candidate must train as a full time assistant to the preceptor and may not maintain a separate office or engage in individual practice.

6. The minimum training period in orthopaedic surgery under the preceptorship program is five years, after which time the candidate may file application for Part I examinations.

7. The minimum practice period required for candidates trained under the preceptorship program is five years, after which time the candidate may file application for Part II examinations. This makes a minimum total of ten years from the start of orthopaedic training to eligibility for Part II examinations.

8. The practice period may be satisfied in individual private practice or in assistantship or partnership as desired by the candidate.

9. Candidates who combine preceptorship training with approved resident training receive credit for the preceptorship portion of their training only if it totals a minimum of two years. Two years of preceptorship training is credited as the equivalent of one year of resident credit. The practice period requirement is likewise evaluated so that three years of practice are required if the candidate submits two years of preceptorship and two years of resident training, and four years of practice are required if four years of preceptorship and one year of resident training are submitted.

XI. Sequence of Examinations and Practice Requirements

1. No person may take Part II examinations until after successful completion of Part I examinations.

2. Successful completion of Part I examinations in no way obligates the board to declare a candidate eligible for Part II examinations.

3. Regardless of how extensive or prolonged a practice a candidate may have had prior to completing the training requirements, such time may not be credited toward practice requirements. All practice requirements must be satisfied subsequent to completion of training requirements.

4. Candidates may not be admitted to examinations on the basis of prolonged practice but must qualify on the basis of formal training in one of the categories previously detailed.

XII. Practice Requirements

1. Candidates must maintain high ethical and professional standards.

2. Candidates must strive to increase their scientific knowledge.

3. Candidates must limit their practice to orthopaedic surgery.

4. Candidates who have had no approved training in children's orthopaedic surgery must confine their practice to fracture and adult orthopaedic surgery.

5. Candidates trained in resident orthopaedic training are required to complete a minimum of two years or orthopaedic practice subsequent to the completion of their formal training before becoming eligible for Part II examinations.

6. Candidates in private practice must spend a minimum of fourteen months in one locality immediately prior to application in order that practice may be properly evaluated.

7. Candidates employed full time in institutions may satisfy practice requirements by serving a minimum of two years, but minimum requirements may not be satisfied by mixing full time institutional work with preceding or subsequent time in private practice.

8. Candidates trained by preceptorship are required to complete a minimum of five years of orthopaedic practice before becoming eligible for Part II examinations. The practice period may be independent of the preceptor.

XIII. Method of Examination

1. Part I examinations consist of a written examination and oral examinations. Material covered includes fundamental surgical principles, elementary fractures and orthopaedic procedures, history-taking and physical examinations as well as those parts of anatomy, pathology, physiology and biochemistry related to orthopaedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) physiology and biochemistry, (*d*) surgery and (*e*) fractures and orthopaedic surgery.

2. Part II examinations consist of a written examination and oral examinations. Material covered includes advanced work in all phases of orthopaedic surgery. The oral examinations consist of five parts: (*a*) anatomy, (*b*) pathology, (*c*) children's orthopaedic surgery, (*d*) fractures and (*e*) adult orthopaedic surgery.

3. Candidates who have not had approved training in children's orthopaedic surgery will not be examined in that branch of orthopaedic surgery.

4. Candidates are notified by letter as to whether they passed or failed in the examinations. No information regarding results is available until such letters are mailed.

5. Results of integral parts of examinations are not available to either candidates or diplomates of the board.

6. Candidates who have passed Part I examinations are required to take Part II examinations within a ten year subsequent period. If there is a lapse of more than ten years, candidates must repeat Part I examinations and must then become eligible by the requirements then in force.

XIV. Reexaminations

1. Applicants who fail to pass Part I or Part II examinations may be reexamined a second or third time in each Part, but must pay the prescribed examination fee each time of reexamination.

2. Applicants who fail to appear for second and, if necessary, third reexaminations within three years after first failure must submit new applications with the appropriate fees.

3. After three successive failures in Part I or Part II examinations, applicants must present evidence of additional orthopaedic training satisfactory to the board before submitting new applications.

XV. Military Service

1. Medical officers who have elected service in the military forces as their life careers compete for certification on the same basis as do doctors in civilian practice.

2. Doctors who serve for a minimum of one year in the military forces during the war years, between January 1, 1941 and July 1, 1946, are granted a bonus of one year of practice credit, provided that the same time is not used for resident training credit.

3. Applicants who served in military hospitals whose service is judged by the board to have been equal to that of approved resident orthopaedic training, and who were on such service for a minimum of one year between January 1, 1941 and July 1, 1946, may be granted credit for one year of resident orthopaedic training, provided that the same time is not used for practice credit. Applicants requesting such credit must submit completed "Record of Professional Assignments" booklets with their applications.

4. No applicant may be granted more than one year of resident training credit and one year of practice credit for military service during the war years.

5. After July 1, 1946, credit for orthopaedic training must have been or must be obtained by assignment as residents in military hospitals on the approved list for resident orthopaedic training, the same as in civilian life.

6. Medical officers assigned to civilian institutions on the approved list for resident orthopaedic training receive the same credit as do civilian candidates.

7. Medical officers who have elected service in the military forces as their life careers must satisfy the practice requirements by military assignments in which their duties are limited to the practice of orthopaedic surgery.

XVI. Records of Surgical Cases and Inspections

1. Records of a specified number of consecutive surgical cases may be requested by the board in order to evaluate properly the work of an applicant.

2. A representative of the board may visit a community in order to evaluate properly the work of an applicant.

AMERICAN BOARD OF OTOLARYNGOLOGY

Officers of the Board

LeRoy A. Schall, President, Boston.
John J. Shea, Vice President, Memphis.
Dean M. Lierle, Secretary-Treasurer, University Hospitals, Iowa City.

Senior Counselors

George M. Coates, Philadelphia.
Ralph A. Fenton, Portland, Ore.
Harris P. Mosher, Marblehead, Mass.
W. E. Sauer, St. Louis.
Ernest M. Seydell, Wichita, Kan.
Frank R. Spencer, Boulder, Colo.
Fletcher Woodward, Charlottesville, Va.

Board of Directors

Lawrence R. Boies, Minneapolis.
Louis H. Clerf, Philadelphia.
Russell M. Decker, Pasadena, Calif.
Gordon F. Harkness, Davenport, Iowa.
Lyman H. Heine, Fremont, Neb.
Frederick T. Hill, Waterville, Maine.
Gordon D. Hoople, Syracuse, N. Y.
Percy E. Ireland, Toronto, Canada.
Marvin F. Jones, New York.
Francis E. Le Jeune, New Orleans.
Dean M. Lierle, Iowa City.
H. I. Lillie, Rochester, Minn.
John R. Lindsay, Chicago.
Carl H. McCaskey, Indianapolis.
Bernard J. McMahon, St. Louis.
James H. Maxwell, Ann Arbor, Mich.
Philip E. Meltzer, Boston.
Werner Mueller, Boston.
C. Stewart Nash, Rochester, N. Y.
Arthur W. Proetz, St. Louis.
LeRoy A. Schall, Boston.
John J. Shea, Memphis, Tenn.
O. E. Van Alyea, Chicago.

GENERAL REQUIREMENTS

The following general qualifications of candidates for examination are required by the board:

1. A candidate must have been a citizen of the United States or the Dominion of Canada for three years or more.

(*a*) A candidate must have been a graduate five years or more of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A candidate must be of known good moral character and be ethical in his professional relationships.

(*c*) A candidate trained in a foreign country must be able to give proof of medical and graduate training comparable to the requirements of the board.

(*d*) A candidate from the United States or the Dominion of Canada must be a member of the American Medical Association or of the Canadian Medical Association respectively or other such medical societies of equal standing as are recognized by the Council on Medical Education and Hospitals of the American Medical Association.

2. Candidates from foreign countries, who have received their training in otolaryngology in the United States are eligible for examination at the discretion of the board, providing they show proof that they are permanent residents and citizens of their respective foreign countries and provided they meet the general academic requirements of the board.

SPECIAL REQUIREMENTS

1. A candidate must have had a general internship, of at least one year, in a hospital approved by the Council on Medical Educations and Hospitals of the American Medical Association.

2. A candidate must be proficient in the applied basic sciences, fundamental to the intelligent practice of otolaryngology. These include anatomy of the ear, nose and throat, neck, chest, esophagus and nervous system, gross pathology and histopathology, bacteriology, physiology, didactic otolaryngology and the general fundamentals of surgery. (This requirement may be fulfilled in a residency or fellowship service or in an approved organized postgraduate course.)

3. In addition to the general internship, the required clinical training in otolaryngology may have been acquired in any of the following ways:

(*a*) A three years' residency or fellowship in otolaryngology approved by the Council on Medical Education and Hospitals of the American Medical Association.

(*b*) A four years' residency or fellowship in otolaryngology and ophthalmology approved by the Council on Medical Education and Hospitals of the American Medical Association, provided one half of the training has been in otolaryngology.

(*c*) A two years' residency or fellowship in otolaryngology or a three years' combined residency or fellowship in otolaryngology and ophthalmology, approved by the Council on Medical Education and Hospitals of the American Medical Association, provided this be preceded by at least one year's residency training in surgery or medicine, or by an additional year in an approved internship.

(*d*) At least one year must be spent in private, group or institutional practice of otolaryngology following the period of special training.

4. A candidate may be qualified for examination, at the discretion of the American Board of Otolaryngology, if in addition to the General Requirements and Special Requirements, he has limited his practice to otolaryngology for seven years in association with a hospital staff approved by the Council on Medical Education and Hospitals of the American Medical Association and the board.

5. In exceptional circumstances certain candidates who cannot meet all of the above requirements may be accepted for examination, on recommendation of the Credentials Committee, substantiated by action of the board.

6. A limited certificate in one of the subspecialties of otolaryngology may be issued, at the discretion of the board, to an exceptionally well qualified individual, in the special field in which the certificate is desired.

All applicants must comply with current board regulations, regardless of the time of filing application.

APPLICATION AND FEES

1. Application must be made in duplicate on special blanks procured from the secretary. The completed application blanks must be returned to the secretary, together with the other required credentials, at least one hundred and twenty days in advance of the examination at which the candidate desires to appear.

2. The applications must be accompanied by two small photographs of the candidate, together with verification of the period of enrolment from the institutions where training in otolaryngology was obtained, and the names of two or more otolaryngologists, preferably diplomates of the board, from the vicinity of the candidate's place of residency, to be used as references.

3. The fee for the examination is $100, no part of which is returnable. Of this sum $25 must accompany the application. No application will be acted on until the $25 application fee is received. The balance of the fee—$75—must be paid to the secretary on notification that the candidate has been accepted before an appointment is given for an examination. A reexamination fee of $50 is required of candidates conditioned in one or more subjects.

4. The fees have been carefully computed on a basis of cost of examinations and are used entirely for administrative expenses. Examiners serve without compensation other than actual expense.

5. The application remains valid for three years. An applicant must appear for examination within this time or forfeit the fee.

6. Candidates whose credentials have been found satisfactory and who meet the requirements of the board will be notified ninety days prior to the date of examination. The number of candidates who can be admitted to any one examination is limited. Due to a large number of applications on file, delay in assignment for examination may be inevitable. Appointments will be given in the order applications are accepted and on payment of the balance of the examination fee.

7. The board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the board shall be final.

EXAMINATION

Examination will be held at such time and place as the judgment of the board may dictate. Advance notice of examinations will be given in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and the several special journals devoted to otolaryngology. So far as is possible these will be held biannually at, or near, the time and place of meeting of the American Medical Association, or special societies, and of the American Academy of Ophthalmology and Otolaryngology. The examinations cover from two to four days.

Scope.—This examination encompasses all phases of otolaryngology and peroral endoscopy, including maxillofacial surgery, and surgery of the neck, excluding the thyroid.

The type of examination is as follows:

1. Clinical, covering the actual handling of patients, including history taking, physical and functional examinations, the use of laboratory and x-ray findings and a discussion of differential diagnosis.

2. Didactic, oral examinations covering all phases of otolaryngology.

3. Gross and microscopic pathology.

4. A written examination may be included when the board deems this advisable.

REEXAMINATION

A candidate who is conditioned in examination may be admitted to a subsequent examination after one year and within the three year period dating from his application, on payment of an additional fee of $50 and one hundred and twenty days' notice of intention to appear is required.

Candidates who have failed in the examination may be accepted for reexamination on recommendations of the Credentials Committee. Satisfactory evidence of further study and progress will be required. A new application must be filed. The fee for reexamination for such candidates is $100, $25 of which must accompany the application. The balance of the fee, $75, will be due on notification of acceptance.

CERTIFICATION

1. A certificate granted by the board does not of itself confer or purport to confer any degree or legal qualifications, privileges or license to practice otolaryngology, nor does the board intend or attempt in any way to interfere with or limit the professional rights and activities of any duly licensed physician. Its aim is to improve the standards of practice of otolaryngology and to certify as specialists those who voluntarily comply with its requirements and regulations.

2. The final action of the board is based on the candidate's ethical and professional record, training and attainments, as well as on the results of his formal examinations.

AMERICAN BOARD OF PATHOLOGY

ROBERT A. MOORE, President, St. Louis.
JAMES B. MCNAUGHT, Vice President, Denver.
ROGER BAKER, Birmingham, Ala.
R. PHILIP CUSTER, Philadelphia.
A. S. GIORDANO, South Bend, Ind.
JOSEPH A. KASPER, Detroit.
JAMES W. KERNOHAN, Rochester, Minn.
JOHN R. SCHENKEN, Omaha.
EDWIN W. SCHULTZ, Stanford University, Calif.
SHIELDS WARREN, Boston.
WILLIAM B. WARTMAN, Secretary-Treasurer, 303 E. Chicago Ave., Chicago.

A. GENERAL REQUIREMENTS

1. Satisfactory moral and ethical standing in the profession.

2. License to practice medicine or a certificate of the National Board of Medical Examiners.

3. Membership or associate membership in the American Medical Association or membership in a national society acceptable to the board by citizens of the United States. (At present, these include American Association of Pathologists and Bacteriologists, American Society of Clinical Pathologists, American Medical Association, or American Society for Experimental Pathology.) For citizens of other countries, membership in a national medical society of that country is required.

4. The applicant must devote his time primarily and principally to the practice of pathology.

B. PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a medical school in other countries acceptable to the board.

C. SPECIAL TRAINING AND EXPERIENCE

1. The board admits candidates to examinations who are otherwise eligible and who have had either of two following types of training and experience.

(*a*) After five years, if four of the five years have been in institutions approved by the Council on Medical Education and Hospitals of the American Medical Association or by the board; or

(*b*) After eleven years if none of the training and experience has been in institutions so approved.

2. The specific requirements for those acceptable after five years are as follows:

(*a*) Pathologic anatomy only.

(1) Four years of supervised study and training in an institution approved for residency training in pathologic anatomy by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university for one of the four years. In addition, time, not to exceed twelve months, spent in a department of pathology of an approved school of medicine after the completion of the second year of undergraduate study may be counted for full credit toward the four years.

(2) One additional year which may be a continuation of the preceding or may be independent practice of pathologic anatomy in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*b*) Clinical pathology only.

(1) Four years of supervised study and training in an institution approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. It is immaterial whether the candidate holds the title of resident or fellow or assistant. Candidates may, at their own election, substitute not to exceed twelve months of a straight or rotating clinical internship or a fellowship or instructorship in any of the preclinical departments of a university, for one of the four years. Candidates holding also a master's or doctorate degree in a special field of clinical pathology (bacteriology, serology, chemistry, parasitology or hematology) may obtain time credit for not more than twelve to twenty-four months toward the four years for this work, regardless of whether it was taken before or after the medical degree. The evaluation of time credit will depend on how much of the broad field of clinical pathology was covered in the graduate work.

(2) One additional year which may be a continuation of the preceding or may be independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board.

(*c*) Pathologic anatomy and clinical pathology.

(1) Four years of supervised study and training divided as follows:

(*a*) Two years of supervised study and training in pathologic anatomy as outlined in the preceding paragraph 2-(*a*)-(1).

(*b*) Two years of supervised study and training in clinical pathology as outlined in the preceding paragraph 2 (*b*) (1). Candidates declare deligible before July 1, 1953 may at their own election substitute one year (twelve months) of a straight or rotating clinical internship for one year of this special training in clinical pathology. After July 1, 1953, all candidates applying for both pathologic anatomy and clinical pathology will be required to have two years of supervised training in clinical pathology.

(2) One additional year which may be a continuation of the preceding or may be independent practice of both pathologic anatomy and clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the board. After July 1, 1953, candidates who elect to claim credit for one year for a clinical internship must take this fifth year as supervised study and training in clinical pathology in institutions approved for residency training in clinical pathology by the Council on Medical Education and Hospitals of the American Medical Association or by the board. Candidates declared eligible after July 1, 1953, who do not take a clinical internship, may, after four years of training as outlined in 2-(1)-(*a*) and (*b*), spend the fifth year in independent practice in an institution or laboratory acceptable to the board.

NOTE.—As outlined in the preceding paragraphs, the total time requirements of the board are unchanged after July 1, 1953, namely, five years of study or practice after graduation from medical school, with exceptions noted in sections 2-(*a*)-(1) and 2-(*b*)-(1).

3. The specific requirements for those acceptable after eleven years are as follows:

(*a*) The practice of pathology under circumstances acceptable to the board for a period of not less than eleven years. At the election of the candidates, a period not to exceed one year of straight or rotating clinical internship may be substituted for one of the eleven years. For those candidates in this category who have had some special study and training in pathologic anatomy or clinical pathology acceptable under paragraphs 2-(*a*), (*b*) or (*c*), double time credit will be allowed. Thus, if a person has two years of acceptable supervised study and training, only seven years of practice are required.

D. SPECIAL QUALIFICATIONS

1. Prior to Dec. 31, 1947, the board at its discretion certified candidates without examination, if the following conditions were met as of July 1, 1939:

(*a*) That the candidate has been for a period of five years of professional rank in a department of pathology in an approved medical school; or

(*b*) That the candidate had been practicing pathology for ten years in a senior position in a hospital having an adequate department of pathology, approved by the Council on Medical Education and Hospitals of the American Medical Association or in an institution acceptable to the board.

CREDIT FOR MILITARY SERVICE

Credit may be allowed for training and experience in pathology in the federal services during the period July 1, 1940 to June 30, 1947. This credit for training or experience or both is given on an individual basis and will depend on the opportunity the applicant has had, as indicated by his or her medical service record in the specialty of pathology.

After July 1, 1947, credit for those military services will be given on the same basis as it is in civilian institutions, except that the rule in the preceding paragraph will not apply to reserve officers who continue on active duty or are called to active duty after that date.

SUBSPECIALTIES OF PATHOLOGY (IN FORCE AFTER JULY 1, 1948)

Candidates who have met all general requirements and who have successfully passed the examination in pathologic anatomy and clinical pathology may apply for special designation of a subspecialty of pathologic anatomy or clinical pathology. The board, at its discretion, may approve this application and, after the candidate has successfully passed a prescribed examination, will issue a certificate designating the subspecialty, reading "Pathologic Anatomy (Neuropathology)," "Clinical Pathology (Clinical Bacteriology)," etc.

Candidates who have met all general requirements and who have had five years of special training and experience in a special field of pathology which is acceptable to the board may apply to the board for certification in this special field. The board, at its discretion, may approve this application, and after the candidate has successfully passed a prescribed examination, will issue a certificate reading "Neuropathology," "Clinical Bacteriology," etc.

APPLICATION BLANK AND FEE

Application must be made on the special form which may be procured from the secretary and forwarded with other required credentials and the application fee. An application cannot be given consideration by the board unless it is accompanied by the application fee.

The application or examination fee for candidates is $50. If the candidate fails in his examination he will be admitted to a second examination after one year, but not later than three years, without additional fee. After two reexaminations, the applicant must file a new application and pay an additional fee before a fourth examination will be given.

The application fee of $50 has been determined after careful consideration and is based on actual estimates of the expenses of examination and administration. None of the board members receive any compensation for their services except actual expenses incurred.

If the applicant, for any reason, is deemed ineligible for examination by the board, his fee will be returned; however, the application fee is not returnable after the candidate has officially been accepted for examination and notified to report for the examination.

EXAMINATIONS

Written and oral examinations will be held at the discretion of the board at or near the time and place of national medical meetings. If a number of applications from any region of the country are received, an examination in conjunction with a national medical meeting in that section will be arranged so that the financial outlay of the applicant in meeting the examiners will be as small as possible.

The examinations are to be based on the broad principles of pathology with emphasis on diagnosis, interpretation and technic. The applicant may apply for certification in either pathologic anatomy or clinical pathology or both.

The examinations in pathologic anatomy consist of a written test, an oral examination on gross pathology and a practical examination in microscopic pathology. The examination in clinical pathology consists of a written test and an oral and practical examination in the six phases of clinical pathology: bacteriology, hematology, clinical chemistry, parasitology, serology and clinical microscopy.

DEFINITIONS

1. Pathologic anatomy is that branch of pathology which deals with the morphologic aspects of disease, recognition being given that that definition covers two phases of pathology.

(*a*) The applied phase with special attention to the description and diagnosis of gross and microscopic specimens.

(*b*) The academic phases of teaching and general morphologic diagnosis.

2. Clinical pathology is that branch of pathology which deals with bacteriology, immunology, clinical chemistry, parasitology, hematology, endocrinology and clinical microscopy, the application of the physical and biologic sciences to the diagnosis, prognosis and treatment of disease.

BOARD NOT AN EDUCATIONAL INSTITUTION

The board is in no sense an educational institution and the certificates of the board are not to be considered degrees. Therefore, the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of pathology. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician. Its chief aim is to standardize the qualifications for the specialty of pathology and to issue certificates to those voluntarily complying with the requirements of the board.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Sections C-2-a, C-2-b, and C-2-c of the General Requirements, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association, certifies hospitals in the United States as satisfactory for this supervised study and training. Lists of these hospitals are published in the Internship and Residency Number of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION each year. In addition, the American Board of Pathology recognizes certain hospitals outside the United States and certain laboratories not connected with hospitals in the United States. Inquiries concerning these should be directed to the Secretary of the Board.

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the Director of Laboratories and the associates and assistants, the supervision of work of the person in training, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of the laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved, and the quantitative standards will determine whether the approval is for 1, 2, 3 or 4 years of credit toward the requirements of the Board.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:
   - (*a*) It is required that the responsible head of the laboratory hold the certificate of the American Board of Pathology in the subject for which the hospital is approved, or be eligible for certification, and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology where he and the residents have an opportunity to participate in the educational program;
   - (*b*) In special instances, the equivalent of full time by two or more qualified individuals will be accepted and one person need not spend the entire working day in the laboratory;
   - (*c*) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories if it is apparent that a satisfactory training program can be conducted;
   - (*d*) In hospitals with over 350 beds, it is expected that the professional staff, in addition to the pathologist, will include one or more persons with special training and qualifications in the subspecialties of clinical pathology.
2. Technicians:
   There are no absolute criteria, but it is expected that the number of technicians will be proportional to the volume of laboratory work and that, insofar as possible, the technicians will hold the certificate of the Registry of Medical Technologists of the American Society of Clinical Pathologists.

147
51

3. Floor space of laboratory:
In general, it is believed that the size of the laboratory should be related to the size of the hospital and the volume of laboratory work. A minimal ratio is 4 square feet of space in the laboratory, including morgue and autopsy room, for each bed in the hospital.
4. Equipment for the laboratory:
The variety and completeness of laboratory tests performed depends on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of autopsies. In larger hospitals, the variety of tests performed should be larger and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patients.
5. Autopsy percentage:
No institution with a percentage of less than 15 will be approved, and those institutions with percentages between 15 and 40 will be given special scrutiny.
6. Examination of surgical specimens:
All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so.
7. Indices:
There should be indices according to the names of the patients and the diagnoses of all surgical and autopsy material. Indices of clinical pathology are left to the discretion of the hospital.
8. Museum:
There should be available fixed anatomic and pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.
9. Library:
A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.
10. Educational program:
The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathologic conference must be held at least every 2 weeks.
11. Volume of laboratory work:
(*a*) As indicated in the following categories, no hospitals with less than 75 autopsies, 1000 surgical specimens, and 25,000 tests in clinical pathology annually will be approved (Category D), except as outlined in the following paragraphs. It is the belief of the board that less material than this is inadequate for the training of a pathologist.
(*b*) In the field of clinical pathology, there should be a reasonable diversification of tests and in each category there should be sufficient absolute volume to provide training and experience. There are no absolute criteria, but special scrutiny will be given to a hospital in which there is not a reasonable diversification and variety.
(*c*) In the field of pathologic anatomy, a deficiency in either autopsies or surgical specimens may be made up by an excess of the other, if the deficiency does not exceed 20 per cent of the minimum required in the ratio of 1 autopsy to 75 surgical specimens. Thus in a hospital approved for one year in pathologic anatomy and clinical pathology, the minimums are 75 autopsies and 1,000 surgical specimens. If a hospital has 2,500 surgical specimens, it is acceptable if there are only 60 autopsies.

If a hospital has met these minimal qualitative and quantitative standards, it will then, on the basis of the following quantitative standards, be approved for 1, 2, 3 or 4 years of training in pathologic anatomy, or clinical pathology, or both, or some special field as shown for the number of residents indicated.

CATEGORY A. In both pathologic anatomy and clinical pathology for 4 years (as required of all candidates seeking certification in both fields who are examined after July 1, 1952).

Minimum: 150 autopsies, 1750 surgical specimens, and 65,000 tests in clinical pathology for 4 residents. Additional resident for each 50 autopsies or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY B. In both pathologic anatomy and clinical pathology for 3 years. This meets all requirements of the board for supervised training until July 1, 1952. Candidates examined after that date who seek certification in both subjects must take an additional year of supervised training in clinical pathology or pathologic anatomy, in another hospital, which is approved for the deficiency of training required.

Minimum: 125 autopsies, 1500 surgical specimens, and 50,000 tests in clinical pathology for 3 residents. Additional resident for each 50 autopsies, 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY C. In both pathologic anatomy and clinical pathology for 2 years. Candidates taking two years in these institutions must have an additional year (2 years after July 1, 1952) in an institution in category A, B or D.

Minimum: 100 autopsies, 1250 surgical specimens, and 40,000 tests in clinical pathology for 2 residents. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

CATEGORY D. In both pathologic anatomy and clinical pathology for 1 year. Candidates taking training in these institutions must have an additional 2 years (3 years after July 1, 1952) in institutions which are approved for the deficiency of training required.

Minimum: 75 autopsies, 1000 surgical specimens and 25,000 tests in clinical pathology for 1 resident. Additional resident for each 50 autopsies, or 500 surgical specimens, or 20,000 tests in clinical pathology.

Category E. In pathologic anatomy only, for 3 or more years. Candidates taking all training in these institutions will not be eligible for certification in clinical pathology unless an additional year (2 years after July 1, 1952) is taken in clinical pathology in institutions which are approved for the deficiency of training required.

Minimum: 175 autopsies and 1500 surgical specimens for 3 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY F. In pathologic anatomy only, for 2 years. Candidates taking training in these institutions will not be eligible for certification in clinical pathology unless they take one additional year full time in clinical pathology (2 years after July 1, 1952) in institutions which are approved for the deficiency of training required, and will be eligible in pathologic anatomy only if another year is taken in another institution which is approved for one or more years in pathologic anatomy.

Minimum: 125 autopsies and 1250 surgical specimens for 2 residents. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY G. In pathologic anatomy only, for 1 year. Candidates training in these institutions will not be eligible in both pathologic anatomy and clinical pathology unless they take an additional year in pathologic anatomy and an additional year (2 years after July 1, 1952) in institutions which are approved for these periods of training. Candidates seeking certification in pathologic anatomy only must study an additional 2 years in institutions which are approved for that period of training.

Minimum: 75 autopsies and 1000 surgical specimens for 1 resident. Additional resident for each 50 autopsies or 500 surgical specimens.

CATEGORY H. For postmortem part of pathologic anatomy for 2 years. Credit is never allowed for more than 2 years. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional year in an institution in Category A, B, C, E, F or G with assignment to surgical pathology principally. 2. For pathologic anatomy and clinical pathology. An additional year (two years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and ½ year assigned to surgical pathology principally, in an institution in Category A, B, C, or J.

Minimum: 125 autopsies for 2 residents. An additional resident for each 60 autopsies.

V 1
195

CATEGORY I. For postmortem part of pathologic anatomy for 1 year. Candidates taking training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional two years in an institution in Category A, B, C, E, F or G with general assignments. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology and 1 year to an institution in Category A, B, C, E, F or G.

Minimum: 75 autopsies for 1 resident.

CATEGORY J. Surgical pathology part of pathologic anatomy for 1 year. Credit is never allowed for more than 1 year and the director of the laboratory must hold the certificate of the American Board of Pathology in pathologic anatomy or be eligible for certification. Candidates training in these institutions may pursue further training as follows: 1. For pathologic anatomy only. An additional 2 years in an institution in Category H or in an institution of Category A, B or C with assignment to postmortem pathology only. 2. For pathologic anatomy and clinical pathology. An additional year (2 years after July 1, 1952) in an institution in Category A, B, C, L, M or N with assignment to clinical pathology full time, and an additional year to an institution in Category A, B, D, E, F, G or H with assignment to postmortem pathology full time.

Minimum: 2000 surgical specimens for 1 resident. An additional resident for each 1000 surgical specimens.

Category K. Special pathology as part of pathologic anatomy. Credit for not to exceed ¼ the time credit (1 year if seeking certification in pathologic anatomy only, 6 months if seeking both pathologic anatomy and clinical pathology) of candidates applying in pathologic anatomy may be taken in special laboratories with limited activities such as neuropathology, orthopedic pathology, ophthalmic pathology, etc. The candidate who receives credit in this category may, on request, have the field of special pathology designated on the certificate of the board.

CATEGORY L. Clinical pathology for 3 or more years. Candidates taking 3 years of training in these institutions will not be eligible for pathologic anatomy unless they take an additional 2 years in institutions approved for pathologic anatomy.

Minimum: 100,000 tests in clinical pathology for 3 residents. Additional resident for each 50,000 tests.

CATEGORY M. Clinical pathology for 2 years. Candidates taking 2 years' training in these institutions must take the same additional training as in Category L to be eligible for pathologic anatomy also. To be eligible for clinical pathology only, an additional year of clinical pathology must be taken in an approved institution.

Minimum: 75,000 tests in clinical pathology for 2 residents. An additional resident for each 50,000 tests.

CATEGORY N. Clinical pathology for 1 year. Candidates taking training in those institutions must take an additional 2 years in an institution in Category A, B, C, L or M assigned to clinical pathology for eligibility in clinical pathology only. To be eligible in pathologi: anatomy and clinical pathology, an additional 2 years in approved institutions is required.

Minimum: 50,000 tests in clinical pathology for 1 resident.

CATEGORY O. Special clinical pathology as part of clinical pathology. Candidates applying for clinical pathology only may receive credit for not in excess of ¼ of the training period (1 year if seeking certification in clinical pathology only, six months if seeking both pathologic anatomy and clinical pathology) for work in a special field of clinical pathology) for work in a special field of clinical pathology, such as bacteriology, serology, etc. Under these circumstances, on request, the special field will be designated on the certificate of the board.

CATEGORY P. Research: Residence in certain institutions in which full time is devoted to research with a direct application to the practice of pathologic anatomy or clinical pathology may be accepted for credit not to exceed one-third the time requirement (20 months if no clinical internship, 16 months if a clinical internship was taken). The board encourages research and believes that all candidates should carry on investigation during their training in all institutions. Therefore, this category is only for those wishing to do full time research.

1. To avoid misunderstanding, the board advises all candidates to communicate with the office of the executive secretary before entering on training.

AMERICAN BOARD OF PEDIATRICS

CHARLES F. MCKHANN, President, Cleveland.
DONOVAN J. MCCUNE, Vice President, New York.
A. WILMOT JACOBSEN, Buffalo.
J. A. JOHNSON, Detroit.
ARTHUR H. PARMALEE, Beverly Hills, Calif.
RALPH V. PLATOU, New Orleans.
HENRY PONCHER, Chicago.
A. ASHLEY WEECH, Cincinnati.
LEE FOREST HILL, Secretary-Treasurer, 604 Locust St., Des Moines, Iowa.
JOHN MCK. MITCHELL, Executive Secretary, 6 Cushman Road, Rosemont, Pa.

APPLICANTS FOR CERTIFICATES

Requirements for Applicants.[1]—All candidates for examination for certification must meet the following requirements:

1. Graduation from an approved medical school.

2. One year of rotating or one year, pediatric or other internship in an approved hospital.

3. Two years of specialized residency-type training in an approved pediatric center.

On May 1, 1946, it was ruled that at least one year of the two years of required residency training must be a full time pediatric in-patient residency or internship in an approved institution. Because of the shortage of residencies, the board at this time voted that "temporarily" the second year of required residency training might be met in the ways listed below, although the board recommends that whenever possible candidates complete the two years as regular residents.

All applicants admitted to approved graduate or postgraduate courses in pediatrics on or after July 1, 1950 shall receive residency training credit for that number of months actually spent in full time attendance at such courses, in excess of three months and up to a maximum of twelve months. No credit shall be granted for part time graduate or postgraduate courses. Courses of less than three months are credited only under special circumstances.

(*a*) A maximum of three months' credit each is allowed for full time residency type training in allied pediatric subjects, such as pediatric allergy, pediatric psychiatry, pediatric pathology, pediatric cardiology and newborn service.

(*b*) A maximum of six months' credit is allowed for residency training in an approved contagious disease hospital.

4. A subsequent term of two years of specialized study or practice or a combination of the two. Credit for one year toward this requirement is allowed for military service. The maximum credit that any candidate may receive toward the practice requirement for work done prior to the completion of residency training is one year.

Attention is invited to the fact that the primary duty of the resident must be the care of patients under supervision, if full credit in satisfaction of the residency training requirement is expected. Research residencies which involve little or no clinical training are creditable for only three months. Research residencies which include significant clinical training may be prorated to a total of six months for a year of service. Teaching fellowships may not be offered in lieu of residency appointments.

Both research residencies and teaching fellowships are, of course, entirely acceptable in satisfaction of the practice or further study requirement. Portions of a research residency not applicable for residency training credit may be carried over for practice credit.

Preceptorships are not accepted for credit toward the residency requirement, but are accepted toward the practice requirement.

The board defines service in a pediatric center as full time devoted to rounded experience in an approved hospital which includes ward and outpatient service, experience with newborn, including prematures, and both therapeutic and preventive pediatrics. It is expected, also, that the service will include adequate graduate training in the basic medical sciences, as well as in the clinical laboratory and public health aspects of the specialty. The time served in pediatric centers need not be continuous or spent in the same institution.

EXAMINATIONS

Examinations will be held at or near the time and place of meetings of the American Academy of Pediatrics, and at other times and places at the discretion of the board, depending on the number of applicants from any region of the country. It is proposed to arrange examinations in different cities so that as little financial burden as possible will be placed on the applicants in meeting the examiners.

The purpose of these examinations is to determine the applicant's competency to practice pediatrics. This board feels that the best impression of an applicant's ability can be obtained by oral examination, although a written test is also given. It precedes the oral examination by an unfixed interval. The written examination is given locally under a monitor. Case reports are not required. The board feels that the clinical and abstract aspects of growth and development are fundamental parts of pediatric training.

The application fee is $100.

The full fee must be remitted with the application. Refund will be made only if the applicant is refused an examination.

Applicants who failed an examination become eligible for a second examination after a year has elapsed. After a second failure another examination will be permitted in one year. The fee for the second and third examination is $50 each.

Before becoming eligible for a fourth examination a candidate must serve one year in a full time medical in-patient residency in an approved institution. He must then reapply as a new candidate and pay a new fee.

No financial recompense of any kind is made to any members of the board except to cover traveling expenses to board meetings and examinations.

Application must be made on special blanks which may be secured from the executive secretary. These should be sent to the executive secretary well in advance of the date on which the candidate expects to be examined. At date of publication, lists are filed approximately one year ahead. No application will be accepted more than a year in advance of eligibility date.

Letters from two competent pediatricians recommending each applicant must be sent to the executive secretary of the board. These letters should not accompany the application, but should be sent directly to the executive secretary. No member of the board, or official examiner, may recommend any applicant.

A list of papers or books published must be sent in with the application blanks.

Certificates granted are in no sense degrees, nor do they purport to confer on any person any legal qualification, privilege or license to practice pediatrics. Neither does the board intend in any way to limit the activities of any licensed physicians. It is merely attempting to standardize qualifications and to issue certificates to those who voluntarily comply with the requirements.

INFORMATION ON CERTIFICATION IN ALLERGY BY THE AMERICAN BOARD OF PEDIATRICS

The American Board of Pediatrics, Inc., has established certification in allergy as a subspecialty of pediatrics.

Certification in pediatrics by the American Board of Pediatrics is a prerequisite for certification in allergy. Those who already hold certificates of the American Board of Pediatrics and who wish to be certified in allergy must make formal application to the executive secretary of the American Board of Pediatrics. Those who are not yet certified in pediatrics and who desire certification in allergy as well should indicate this in their application to the board as examination in both subjects may be held at the same time.

The application fee for certification in allergy will be $25 in addition to the application fee for pediatric certification.

An Advisory Committee of Allergy has been appointed to act with the American Board of Pediatrics in all matters pertaining to the selection and examination of applicants for subspecialty certification. This committee is identical with the Advisory Committee on Allergy of the American Board of Internal Medicine.

The present members of the committee are:

ROBERT A. COOKE, Chairman, 60 East 58th St., New York.
HARRY L. ALEXANDER, St. Louis.
LESLIE N. GAY, Baltimore.
W. C. SPAIN, New York.
FRANCIS M. RACKEMANN, Boston.
OSCAR M. SCHLOSS, 125 E. 72d St., New York (pediatric representative).

The Advisory Committee on Allergy has outlined the requirements for applicants who desire examinations in the subspecialty of allergy as follows:

1. Two years, full time, in a satisfactory allergy clinic and its hospital (including training, in both allergy and pediatrics), or
2. One year, full time, in the allergy clinic and its hospital, and two additional years of full attendance on such an allergy clinic and its activities, or
3. Five years, full attendance, on such an allergy clinic and its activities, or
4. Special training under qualified preceptors, solely or in combination with aforementioned types of training, and such other training as might be felt adequate to prepare an individual for the practice of allergy.

The candidate must expect a searching examination in both the theory and practice of allergy. This means that they must come prepared to do physical examinations on selected patients, take histories, do actual skin tests if called upon to do so and interpret them. They must be prepared to discuss all details in diagnosis and treatment on the patients that have been assigned to them. In addition, they may be called upon to discuss any theoretical question that the examiners may choose to bring up.

It is further the opinion of the committee that clinics for such training should fulfil the following qualifications:

1. They should be in hospitals that have been accepted by the Council on Medical Education and Hospitals of the American Medical Association and by the American Board of Pediatrics for training and certification in pediatrics and for residencies in pediatrics or medicine.
2. The director of the Allergy Clinic shall be a diplomate certified in allergy by the American Board of Internal Medicine, or the American Board of Pediatrics.

When accepted the diplomate will receive from the American Board of Pediatrics a certificate in allergy and will be listed as a specialist in allergy.

Prospective applicants for certification in the subspecialty of allergy may apply to the executive secretary of the American Board of Pediatrics.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

WALTER J. ZEITER, Chairman, Cleveland.
WILLIAM H. SCHMIDT, Vice Chairman, Philadelphia.
WILLIAM BIERMAN, New York.
DONALD A. COVALT, New York.
EARL C. ELKINS, Rochester, Minn.
KRISTIAN G. HANSSON, New York.
O. LEONARD HUDDLESTON, Santa Monica, Calif.
A. B. C. KNUDSON, Washington, D. C.
RICHARD KOVACS, New York.
ARTHUR L. WATKINS, Boston.
ROBERT L. BENNETT, Secretary-Treasurer, 30 North Michigan Ave., Chicago 2.

QUALIFICATIONS FOR ELIGIBILITY TO CERTIFICATON

Each applicant for admission to the examination shall be required to present evidence that he has met the following standards:

GENERAL QUALIFICATIONS

A. Satisfactory moral and ethical standing in the profession.

B. Membership in the American Medical Association or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. (Exceptions to the foregoing qualifications shall be made by the American Board of Physical Medicine and Rehabilitation for good and sufficient reasons.)

PROFESSIONAL QUALIFICATIONS

A. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association.

B. Completion of an internship, preferably of the general rotating type, of not less than one year in a hospital approved by the same council.

SPECIAL TRAINING

A. A period of study after the internship of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the same Council and by the American Board of Physical Medicine and Rehabilitation as competent to provide a satisfactory training in physical medicine.

B. This period of specialized preparation shall include: (*a*) graduate training in anatomy (including kinesiology and functional anatomy), physics (including radiation physics, electronics and medical instrumentation), physiology, pathology and other basic sciences which are necessary to the proper understanding of physical medicine; (*b*) an active experience of not less than two years in hospitals, clinics, dispensaries and diagnostic laboratories recognized by the Council and the American Board of Physical Medicine and Rehabilitation; (*c*) the written and oral examinations, given by the American Board of Physical Medicine and Rehabilitation, shall include questions concerning the basic sciences, clinical practice and laboratory and public health problems as related to physical medicine.

C. An additional period of not less than two years of study and/or practice in physical medicine.

METHOD OF EXAMINATION

Physical Medicine includes the diagnosis and treatment of disease by means of physical agents. These physical agents include heat, water, electricity, ultraviolet and infra-red radiation and mechanical devices and agents (such as massage and therapeutic exercise).

Physical Medicine has been termed medical applied biophysics. As now practiced, the special field of physical medicine includes (1) the employment of physical agents in diagnosis (as in electrical tests for reaction of degeneration or in the cold pressor test), (2) the employment of physical agents in treatment, (3) occupational therapy and (4) the physical rehabilitation of convalescent and disabled patients.

The physician who specializes in physical medicine must have a thorough knowledge of the basic sciences as related to these subjects as well as clinical practice in the various phases of physical medicine.

Written and oral examinations will be given which will assure the board that the applicant is thoroughly grounded in:

A. The basic sciences including:

(*a*) Anatomy (including kinesiology and functional anatomy). Because of the importance of proper knowledge of the function of muscles in conjunction with the administration of therapeutic exercise and physical reconditioning of convalescent and disabled patients, the applicant will be carefully examined concerning his knowledge in this field.

(*b*) Physics (including radiation physics, electronics and instrumentation). Because physical medicine deals largely with the employment of physical agents, in diagnosis and treatment, the applicant will be expected to be well informed concerning the fundamentals of medical physics. He will be expected to be familiar with such subjects as the physics of heat, ultraviolet and infra-red radiation, and electricity (including the physics of low voltage currents and high frequency currents as employed in medicine). Because of the newer developments in medical electronics and medical instrumentation, the applicant will be examined concerning these subjects.

(*c*) Physiology. The applicant will need to know the fundamentals of physiology, especially the physiology of movement and the physiologic effects of the various physical agents employed in medicine.

(*d*) Pathology. A basic knowledge of pathology as related to physical medicine will be required and questions dealing with this subject will be included in the examination.

(*e*) Other fundamental sciences. The applicant will be examined concerning his knowledge of such subjects as biochemistry and bacteriology as related to physical medicine.

B. The clinical aspects of physical medicine including:

(*a*) Thermotherapy. The various clinical applications of heat and cold both locally and generally should be thoroughly familiar to the applicant.

(*b*) Hydrotherapy. The methods of employing hydrotherapeutic devices and procedures will be covered in the examination.

(*c*) Electrotherapy. Questions concerning clinical, diagnostic and therapeutic uses of the constant current, interrupted currents, sinusoidal and high frequency currents will be included in the examination.

(*d*) Radiation therapy. The applicant will be examined especially concerning the diagnostic and therapeutic uses of ultraviolet and infra-red radiation. (Applicants will not be required to answer questions concerning the therapeutic applications of roentgen rays and radium which are not included in the field of physical medicine but in the field of radiology.)

(*e*) Kinesitherapy. Questions concerning the clinical uses of therapeutic exercise and massage will be included in the examination.

(*f*) Occupational therapy. The applicant will be expected to answer questions concerning the indications for, and clinical application of, various types of occupational therapy.

(*g*) Physical rehabilitation. Because of the importance of the understanding of the philosophy of convalescent reconditioning and rehabilitation of the seriously disabled person, the applicant will be expected to have a thorough knowledge of the modern developments in these phases of physical medicine.

APPLICATION

The application form shall contain a record of the candidate's premedical and medical training as well as of internships, graduate study, hospital or dispensary staff appointments, teaching positions, membership in medical societies, medical papers published, and the names of three well known physicians to whom the board may write for professional and character references.

The application shall also be accompanied by one recent signed photograph of the candidate mounted on the application and the registration and examination fee of $50, which fee will cover both the written and oral examinations. (In case of rejection of application, this fee will be refunded with the exception of $10, which will be considered as a registration fee.) An additional fee of $25 will be required when the certificate is issued.

AMERICAN BOARD OF PLASTIC SURGERY

LOUIS T. BYARS, Chairman, St. Louis.
WILLIAM G. HAMM, Vice Chairman, Atlanta, Ga.
WILLIAM MILTON ADAMS, Memphis, Tenn.
GUSTAVE AUFRICHT, New York.
ALBERT D. DAVIS, San Francisco.
S. MILTON DUPERTUIS, Pittsburgh.
FREDERICK A. FIGI, Rochester, Minn.
PAUL W. GREELEY, Chicago.
JOHN W. KEMPER, Ann Arbor, Mich.
WILLIAM F. MACFEE, New York.
JAMES T. MILLS, Dallas, Texas.
A. NEAL OWENS, New Orleans.
WALLACE H. STEFFENSEN, Grand Rapids, Mich.
CLARENCE R. STRAATSMA, New York.
BRADFORD CANNON, Secretary-Treasurer, 330 Dartmouth St., Boston 16.
ESTELLE E. HILLERICK, Corresponding Secretary, 4647 Pershing Ave., St. Louis 8.

REQUIREMENTS

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to a traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of plastic surgery.

3. This board will accept as applicants for examination only those who are full citizens of the United States or Canada. Notarized statements, not original citizenship papers, attesting

to the fact of full citizenship in the United States or Canada must be furnished by foreign born applicants when the application is filed. Such candidates must have at least two years of practice in plastic surgery in North America after completing the training required by the board.

The board considers the requirements outline below to be minimal in attaining its purposes and encourages candidates to take advantage of broadening experience in other fields.

Candidates must fulfill the requirements which are in force on the date of their examination.

PROFESSIONAL REQUIREMENTS FOR QUALIFICATION

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by this board.

2. Completion of an internship of not less than one year in a hospital approved by the same Council, or what would constitute in the opinion of the board the equivalent of such training.

3. Two years of postgraduate work in general surgery beyond the intern year, as a resident or an assistant resident in an approved hospital, or a period of training gained elsewhere judged by the board to be the equivalent.

4. Training in general plastic surgery in an acceptable residency [1] or preceptorship for an additional period of not less than two years, also be taken in an approved hospital,[1] or under auspices satisfactory to this board.

For the time being, it is felt that too few residencies in plastic surgery exist to meet the training needs. In certain instances the board will accept, in lieu of the two required years' training in an accepted approved residency, training in a preceptorship under a fully qualified plastic surgeon, when such preceptorship is properly organized and supervised to give the trainee adequate experience and training in plastic surgery of a well rounded nature. Certain established preceptorships are given full approval. New preceptorships will be given tentative approval in advance on presentation to the board by the preceptor of a well rounded plan of training. In such instances the trainee will be required to keep a detailed record of his experience, presenting this to the board at intervals of six months. If the preceptorship is found to be adequate in scope, it will be transferred to the fully approved list.

5. During these years of training following the internship year, a candidate must hold positions of increasing responsibility for the care and management of patients with surgical conditions. When a candidate receives his training in more than one institution, it is equally imperative that he hold positions of increasing responsibility. He must have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultation and advice.

6. An additional period of not less than two years of practice in plastic surgery. If a candidate elects to spend one or two additional years in approved training in plastic surgery, one year of such training will be credited toward the required two years of private practice if it can be demonstrated that the candidate held a position of increasing responsibility. It is imperative that one year be in actual private practice in such instances.

The above training may be taken as a resident in surgery and in plastic surgery in an approved hospital, or under a preceptorship offering equivalent training. By the latter statement it is meant that one may secure the necessary and specified training as an assistant to an accredited surgeon providing suitable facilities for the education of the candidate are offered.

The period of special training should emphasize the relation of the basic sciences—anatomy, pathology, physiology, biochemistry and bacteriology—to the application of surgical principles which are fundamental in all branches of surgery, and especially to plastic surgery. In addition, the candidate must understand and be trained in the following subjects: the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, narcotics and hypnotics and wound healing.

1. An acceptable residency is one which has been approved by the Council on Medical Education and Hospitals of the American Medical Association.

IMPORTANT NOTE.—The added requirement adopted by the board in July 1949, and which appeared in the Educational Number of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, September 3, 1949, top of page 81, stating that "After Jan. 1, 1953, certification by the American Board of Surgery will be a prerequisite for eligibility for examination by the American Board of Plastic Surgery, has been revoked. Certification by the American Board of Surgery is not necessary for those seeking certification by the American Board of Plastic Surgery.

Because of vagaries of training, such as changes from one specialty to another, interims of military duty and other service to the country, the aptitude and skill of candidates, the board may, at its discretion, review and make recommendations for or against certification of certain applicants outside of the listed qualifications and requirements.

The board reserves the privilege of requesting lists of operations done solely by the candidate for one or more years, or of requesting special and extra examinations, written, oral or practical, and of requesting any specific data concerning the candidate that may be deemed advisable before making final decision for certification.

Eligibility rulings or an evaluation of a candidate's qualifications or training cannot be made by the secretary or by any one member of the board. Official evaluations of qualifications are made only by the Committee on Credentials and Requirements, or by the entire board where necessary, after a review of the candidate's formal application for such rulings. The applicant must allow at least four weeks for such requests to make the rounds of the committee.

TRAINING FACILITIES

The American Board of Plastic Surgery, in cooperation with the Council on Medical Education and Hospitals of the American Medical Association and the American College of Surgeons, evaluates training facilities in institutions providing acceptable residencies in plastic surgery. Neither the board nor its individual members can be responsible for the placing of applicants for training. The board will give no independent approval and will keep no independent list of approved residencies or preceptorships. The board will consider those residencies approved by the Council on Medical Education and Hospitals of the American Medical Association as acceptable facilities for training in plastic surgery.

It should be kept in mind by all that the primary interest of the board is to encourage well rounded training in plastic surgery with the aim of producing plastic surgeons capable of doing good work in the wide variety of cases which may come under their care. The standards set up by the board, both for preliminary general surgery and for specialized plastic surgery training, are established in an effort to further this aim. The quality of the training received should be reflected in the candidate's ability to achieve good results in his practice and the examinations of the board are an attempt to judge the ability of the candidate in the specialty of plastic surgery.

SUGGESTIONS FOR TRAINING IN PLASTIC SURGERY

A residency in plastic surgery is one in which a hospital appointment for training in plastic surgery is given the trainee. In a preceptorship in plastic surgery no such appointment is given.

While the board permits flexibility in training, approved residencies and preceptorships should be under fully qualified plastic surgeons. Those trained in preceptorships will be judged by the candidate's ability to make the most of his training and to show adequate ability in all phases of the subject.

There must be teaching in either a residency or a preceptorship—instruction in the basic sciences and in the basic principles of plastic surgery—if not in actual courses, then by conferences, ward rounds, lectures by men on the service or other services, or by visiting doctors.

A resident or assistant resident in plastic surgery should have a full time appointment from an A.M.A. Council-approved hospital or hospitals. A preceptee does not have such an appointment. A residency should preferably be in connection with a teaching hospital having medical school affiliations or be under

V 1
195

the Dean's Committee of Veterans Administration hospitals. An acceptable residency is one that is approved by the Council on Medical Education and Hospitals of the American Medical Association.

Before training in plastic surgery is begun, the plastic surgeon in charge of the residency or preceptorship should ascertain that the trainee's preliminary training in general surgery meets the requirements of the board, that is two years of residency training in general surgery after the internship year.

The training in plastic surgery (at least two years) whether in a residency or a preceptorship, should cover a wide field of plastic surgery, both as to type and anatomical distribution. There should be available sufficient material of a diversified nature so that the trainee will be able to pass the examinations of the board after the period of training and the two additional years of private practice. If the available material on one service is inadequate, the deficiency should be made up by affiliation with another plastic surgeon on another service so that a broad experience will be obtained in plastic surgery. The trainee should be provided an opportunity to operate under the direct supervision of the plastic surgeon in charge, and with increasing ability, to be given an opportunity to operate independently on suitable cases under more remote supervision.

It would be well for a preceptor to report annually to the board the name and qualifications of any preceptee under his supervision, as well as the work done by the preceptee. The preceptee should report to the board every six months the number and type of operations performed both under supervision and independently, giving details of supplementary activities of his training.

MILITARY CREDIT

Credit for military service is given on an individual basis, each case being considered on its own merits and the amount of credit allowed is determined by the board when the information is submitted with the application.

CASE REPORTS

On approval by the board of a candidate's application for certification, each candidate is required to submit to the board thirty-five or more case reports illustrative of his independent work in the field of general plastic surgery. These case reports shall conform to conditions which the board may from time to time specify and the case reports must be approved by the board before the candidate is admitted to examination.

The thirty-five case reports must be of a diversified nature and must be submitted to the office of the board, together with photographs. The group must include a variety of material from the entire body rather than a number of cases of one type, and should carry the candidate's personal deductions, conclusions and comments and should be sufficiently detailed to show if the conclusions drawn indicate a grasp of the subject and if the results justify the procedure.

Each case report should be typewritten on paper approximately 8½ x 11, separately numbered and paged, with the candidate's name on each page. Each report should be individually assembled and held by removable fasteners and should have a cover sheet with the candidate's name, the number of the case, hospital number, diagnosis and a brief summary of the case (not over 100 lines). The case reports, photographs and other data are to be filed with the permanent records of the board.

Cases should be chosen from the private practice of the candidate or from the hospital or clinic service. The initials, color, age and occupation of each patient should be stated, as should the name of the hospital where treated and dates of admission, operation and discharge. The important details of family history, if relevant, and of the previous history should be given. The history of the condition for which the patient consulted candidate should be stated clearly and concisely, indicating previous treatment, if any, and the mental, social or economic factors involved. The physical examination of the patient with special reference to the existing deformities should be carefully described. All laboratory and other special examinations, such as roentgenograms, which were made, should be reported, with a statement of what was determined by them. The indications for operation and for the type of operation employed should be given, and the preliminary treatment and the type of anesthesia used should be stated. A full description of the operative technic with methods of hemostasis, suture and drainage, if any, and the name of the assistant should be given. The late and early postoperative course and results should be described. Photographs of conditions and drawings of operative technic, illustrative of each case should be included and securely attached to each case report, with the name of the candidate and the number of the case indicated. Before and after photographs should be shown, and all photographs should be made by a sharp focus lens from untouched negatives with identical lighting conditions, exposure and developing, and should show conditions before and after operation with clear detail.

If the case reports, and lists of operation when requested, are approved, the candidate will receive subsequent information regarding taking the examinations. The board at its discretion may request certification of case reports by the hospital where the operations were performed. The following form should accompany the case reports: "I hereby certify that the planning and essential surgical procedures described herein were carried out by me as an independent operator."

A candidate should remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his ability.

EXAMINATIONS

The qualifying examinations are divided into two parts, the written examination, and the oral and practical examinations.

The examinations are given twice yearly, in the spring and fall. The spring examination is given immediately preceding, during or following the annual meeting of the American Association of Plastic Surgeons (usually in May), and the fall examination is given immediately preceding, during, or following the annual meeting of the American Society of Plastic and Reconstructive Surgery (usually in October). Candidates are required to go to the designated center for the qualifying examination, which lasts three days. These centers will be the city in which the meetings of these two organizations are held if the proper clinic and hospital facilities are available, otherwise in some nearby city where such material is available. Arrangements for all examinations are made by the Examintion Committee.

The written examination will consume all of the first day and half of the second day. The oral and practical examination will consume the afternoon of the second day and all of the third day. The subjects of the written examination are: (1) theory and practice of plastic surgery; (2) applied anatomy, applied physiology; (3) pathology, bacteriology, clinical laboratory methods, pharmacology; (4) reaction of tissue to injury, surgical accidents, anesthesia.

A general oral examination pertaining to plastic surgery will be given. In the practical part of the examination, the examiners will present a group of patients for examination by the candidates, and the candidates will be quizzed on methods of procedure—diagnosis, treatment, technic, and so on. Slides of preoperative conditions will be shown on a screen and the candidate asked to make a quick diagnosis of the items and tabulate in the order of their importance and methods of treatment. Microscopic slides of the average pathological tissue falling within the province of the plastic surgeon will be given the candidates on which they will be asked to write a description and diagnosis.

Either prior to or following the examination, the candidate will be visited at his place of practice by a member or members of the board to observe him operate and to examine a number of his pre- and postoperative cases.

To be considered as passing, the candidate will be required to receive a grade of at least 65 per cent in each portion of the written examination and an average of 75 per cent on the entire written and oral examination.

REEXAMINATIONS

Candidates who have failed in any portion of the examination may be admitted to another examination after one year, or within three years, except in such cases as the board may for good and sufficient reason deny a candidate the privilege of reexamination. The candidate must give sixty days' notice requesting a reexamination and pay a fee of $25.00 for the written reexamination and $25.00 for the oral and practical examination. The examiners conducting the first examination will not be eligible to conduct the reexamination.

FEES

The fee for application and examination is $150. Of this sum, $25 must accompany the application and the remaining $125 must be paid when the candidate is notified of acceptance for examination. There will be no refunds. This fee may be increased at the discretion of the board. The board is a nonprofit organization and the fees of candidates are used solely for defraying the actual expenses of the board. The members of the board serve without remuneration. Because of the limited number of surgeons certified by this board it is necessary for a while to request a voluntary annual prorata contribution from diplomates after the first year's certification to defray expenses of the board.

CERTIFICATOIN

After a candidate has met the requirements for eligibility and passed the examinations of the board, a certificate attesting his qualifications in plastic surgery will be issued to him by the board, signed by its officers, and having the seal of the board affixed thereto. It shall be the prerogative of the board to determine the fitness professionally and ethically of any candidate for its certificate, and the action or decision of the board regarding the certification of any candidate shall be final.

The board is in no sense an educational institution and the certificates of the board are not to be considered as degrees. Therefore the certificate does not confer on any person legal qualifications, privileges, or license to practice medicine or the specialty of plastic surgery. The board does not purport in any way to interfere with or limit the professional activities of any licensed physician nor does it desire to interfere with any practitioners of medicine in any of their regular or legitimate activities.

The American Board of Plastic Surgery has never been concerned with measures that might gain special privileges or recognition for its certificants in the practice of plastic surgery. It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals. The prime object of the board is to pass judgment on the education and training of broadly competent and responsible plastic surgeons—not who shall or shall not perform plastic surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

AMERICAN BOARD OF PREVENTIVE MEDICINE AND PUBLIC HEALTH

WALTER L. BIERRING, Chairman, Des Moines, Iowa.
FELIX J. UNDERWOOD, Vice Chairman, Jackson, Miss.
GAYLORD W. ANDERSON, Minneapolis.
J. H. BAILLIE, Toronto, Canada.
FLOYD C. BEELMAN, Topeka, Kan.
RICHARD F. BOYD, Boston.
MATTHEW R. KINDE, Battle Creek, Mich.
EMIL E. PALMQUIST, Seattle, Wash.
WILLIAM P. SHEPARD, San Francisco.
JAMES S. SIMMONS, Boston.
V. A. VAN VOLKENBURGH, Albany, N. Y.
REGINALD M. ATWATER, Alternate, New York.
ERNEST L. STEBBINS, Secretary-Treasurer, 615 North Wolfe Street, Baltimore.

CONSULTANTS

COL. DON LONGFELLOW (Army).
CAPT. ROBERT W. BABIONE (Navy).
COL. FRATIS L. DUFF, (Air Force).
EDWIN F. DAILY (Children's Bureau).
EUGENE A. GILLIS (Public Health Service).
GEORGE R. CALLENDER (Veterans Administration).
BASIL MACLEAN, Rochester, N. Y.

1. Approval of residency training is in the process of development by the Council on Medical Education and Hospitals of the American Medical Association in cooperation with the American Public Health Association. Until such time as an adequate program of residency is developed, field training will be evaluated on an individual basis. Information as to approved residencies may be obtained from the Council on Medical Education and Hospitals or from the secretary of the board.

GENERAL QUALIFICATIONS

1. Good moral character and high ethical and professional standing.

2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or from a foreign medical school satisfactory to the board.

3. An internship of at least one year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or in a foreign hospital satisfactory to the board.

4. Licensure to practice medicine in the United States or the Dominion of Canada.

5. Special training in preventive medicine or public health which shall include:

(*a*) A period after internship of not less than six years of special training, teaching or practice in preventive medicine and public health which must include (*b*) and (*c*). Credit for training and experience in preventive medicine and public health while on military duty will be considered on an individual basis depending on type of service.

(*b*) Successful completion of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma or an equivalent satisfactory to the board.

(*c*) Residency [1] (after internship) of at least two years of field experience in general public health practice which included planned instruction, observation and active participation in a comprehensive, organized public health program, one year of which may be an approved clinical residency in a field directly related to public health.

6. Limitation of practice to full time teaching or practice of preventive medicine or public health as a specialty.

7. Membership in appropriate medical and specialty associations. The American Medical Association; the American Public Health Association.

APPLICATIONS

Each application for examination must be made on the prescribed form (which may be obtained from the secretary) and be accompanied by the required documentation, and must be filed with the secretary, ordinarily not less than ninety days prior to the date of the examination. The application must be accompanied by an application fee and two recent, clear, unmounted, autographed photographs of the applicant, one of which should be attached to the application and the other unattached.

FEES

The fee for application and examination is $90, payable as indicated below; additional fees are payable for reexamination.

Application fee, $15. No application will be considered unless accompanied by the application fee. The application fee is not refundable.

Certification fee, $75. This fee is payable when the candidate is notified of acceptance for examination or reexamination, and, if paid prior thereto, is not refundable after such notification has been given. No member of the board is authorized to give informal opinions as to the eligibility of the candidates. The determination of eligibility will be made only by the board after receiving full application information. Each candidate must comply with board regulations in effect at the time the examination is taken, and also those in effect at the time the certificate (if any) is issued, regardless of when the original application was filed. An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application without payment of an additional application fee. Applicants declared eligible but who fail to exercise the examination privilege within three years of the filing of the application are required to file a new application and to pay a new application fee.

EXAMINATIONS

Examinations will be held from time to time and in various places depending on the need as indicated by applications received. It is expected that examinations will be held primarily in connection with the meetings of the American Public Health Association. For the convenience of military personnel assigned overseas the board will try to provide for special individual examinations at times when such officers are temporarily returned to the United States. The examination consists of two parts:

Part one is a comprehensive written examination designed to test the knowledge of the applicant in the general field of preventive medicine and public health.

Part two is an oral or practical examination which will usually be held on the day following the written examination. An endeavor will be made to adapt the details of the oral examination to each candidate's experience and practice. The examiners will report on each candidate to the assembled board, by which the results of the examination will be considered.

REEXAMINATION

Candidates failing the first examination taken may, upon timely request, be admitted to a second examination within eighteen months following the examination failed, upon payment of an additional fee of $15. If the candidate fails the second examination, a period of eleven months must elapse before admission to a third examination. A fee of $25 is required for admission to the third examination. Candidates failing three examinations will not be admitted to any subsequent examinations unless the board so directs.

CERTIFICATION

On satisfactory completion of the examination and proof to the satisfaction of the board that the applicant is eligible for certification, a certificate will be issued to the effect that the person named has been found to be possessed of special knowledge in preventive medicine and public health. The certificate will be signed by the officers of the board and shall have its seal affixed. Each certificate remains the property of the board, but the person to whom it is issued shall be entitled to its possession unless and until it is revoked. Any certificate issued by the board may be revoked if evidence, satisfactory to the board, is presented that the applicant was not eligible to receive it at the time of examination or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching or practice of preventive medicine or public health as a specialty. The issuance of a certificate to any person does not constitute such person a member of the board.

AMERICAN BOARD OF PROCTOLOGY

CURTICE ROSSER, President, Dallas, Tex.
GEORGE H. THIELE, Vice President, Kansas City, Mo.
GARNET W. AULT, Washington, D. C.
HARRY E. BACON, Philadelphia.
WALTER A. FANSLER, Minneapolis.
LOUIS J. HIRSCHMAN, Detroit.
LOUIS E. MOON, Omaha.
MARION G. PRUITT, Atlanta, Ga.
R. A. SCARBOROUGH, San Francisco.
LOUIS A. BUIE, Secretary, 102-110 Second Ave., S.W., Rochester, Minn.

TYPES OF CERTIFICATION

An application for certification is a voluntary act. Two types of certification will be offered until Jan. 1, 1955. Certificates will be issued (1) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal diseases exclusive of those conditions which require surgical operation within the abdomen and those which require radical operation for malignant diseases of the rectum, and (2) to those who fulfil requirements for certification as specialists in the diagnosis and treatment of anorectal and colonic diseases. It is important to repeat that the essential difference between the two types of certification is that diplomates of the first type will not be certified to administer treatment which requires surgical operation within the abdominal cavity nor to perform radical operations for malignant diseases of the rectum, while diplomates of the second type will be certified to administer such treatment or perform such operations. After Dec. 31, 1954, the first type of certification will be discontinued.

QUALIFICATIONS

This board does not intend to interfere with any practitioner of medicine in his legitimate activities but wishes only to certify, in so far as possible, to the public that physicians who claim to be specialists in proctology possess proper qualifications. Suitable evidence of such qualifications can be obtained only if a physician can satisfy this board concerning his training and can thereafter pass examinations required for certification.

Article VIII of the by-laws of the American Board of Proctology, which follows, is quoted verbatim, in order that there will be no doubt in the minds of applicants whether their qualifications meet the standards of the board.

ARTICLE VIII. APPLICATION FOR CERTIFICATES

Section 1. Each application for a certificate shall be filed with the secretary on the prescribed form and shall be accompanied by the designated fee. It shall also be accompanied by an unmounted autographed recent photograph of the applicant and by names of two proctologists acceptable to, but not members of the board, who may be referred to for information in regard to the applicant.

Section 2. General qualifications which the applicant must possess:

(*a*) High ethical and professional standing.
(*b*) Authorization to practice medicine in the country, state, territory or province of his residence.
(*c*) Membership in the American Medical Association or the corresponding medical association of the country in which he resides.
(*d*) One year of internship in a hospital acceptable to the Council on Medical Education and Hospitals of the American Medical Association, following completion of a four year course in a Class A medical school.

Section 3. Special qualifications for applicants who desire certification in anorectal surgery only (this type of certification does not include operations within the abdominal cavity or radical surgical operations for malignant disease of the rectum and will be discontinued after Dec. 31, 1954):

(*a*) A period of three years' graduate training, after internship, in clinics, dispensaries, hospitals or laboratories approved by the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Proctology as competent to provide satisfactory training in proctology and the principles of general surgery. This specialized training shall include graduate training in the basic sciences according to the standards prescribed by the Council on Medical Education and Hospitals of the American Medical Association and by this board. In individual instances credit may be granted for work done in preceptorships approved by this board and also for military service.
(*b*) An additional period of not less than two years of training or practice limited to proctology.
(*c*) Evaluation of examinations which shall include the basic medical sciences and the clinical, laboratory and public health aspects of proctology.

Section 4. Special qualifications for applicants who desire certification in both anorectal and colonic surgery:

(*a*) A period of five years' graduate training after one year of internship. Three years of this period shall have been spent in training in general surgery and the basic sciences in clinics, dispensaries, hospitals and laboratories approved by the Council on Medical Education and Hospitals of the American Medical Association and the American Board of Proctology. Two years' additional training as a full time resident in proctology shall be acquired by the applicant in proctology. In individual instances, credit may be granted for work done in general surgery or proctology in preceptorships approved by this board, and also for military service.

(*b*) This training shall be evaluated further by examination which shall include the basic medical sciences as well as the clinical, laboratory and public health aspects of abdominal, intestinal, rectal and anal surgery.

Section 5. Those applicants who have been graduated from a Class A medical school for more than ten years and who wish certification in anorectal surgery only shall be required to submit to the American Board of Proctology satisfactory evidence of training and experience in proctology, together with evidence of superior achievement in the ethical practice of this specialty. They shall furthermore be required to pass suitable examinations in the subject and to submit, if thought advisable by the board, hospital case reports or demonstrate their competency to representatives of the board. This method of certification shall terminate Sept. 3, 1951.

MILITARY CREDIT

Physicians who were on active duty in the armed forces for one year or more and who entered the service prior to Aug. 15, 1945, will be given one year of credit. The board may allot additional credit if the candidate furnishes evidence of suitable surgical service under acceptable supervision. No credit in excess of two years will be allowed.

APPLICANTS TRAINED IN FOREIGN COUNTRIES

Applicants must hold a license to practice medicine or surgery in the country in which they reside or hold citizenship, and they must have fulfilled all other requirements.

GENERAL REQUIREMENTS

1. All candidates shall comply with current regulations of the board regardless of the time of filing applications. The secretary is not permitted to make decisions as to requirements. These rulings are made by the Committee on Standards and Requirements or by the board after reviewing the candidates' formal applications.
2. All candidates shall have limited their practice to proctology.
3. Application forms shall be filled out completely and accurately. It is to the advantage of the applicant to supply letters of endorsement.
4. A fee shall be remitted in the following manner: Twenty-five dollars with the application blank and when the candidate is notified that he is acceptable for examination, he shall remit the examination fee, which is $150 for candidates in proctology and $100 for candidates in anorectal surgery.
5. All candidates shall appear personally before the board.
6. All candidates shall submit to the required examinations.
7. Applicants may be requested to deliver to the board a record of all patients hospitalized during the year prior to the date of submission of his application. Each record shall be endorsed by an appropriate official of the hospital and must include dates of admission and discharge from the hospital, the diagnosis, treatment and result.
8. Candidates shall submit a bibliography of papers and books published.

EXAMINATIONS

Part I shall consist of written and oral examinations covering the theory and practice of proctologic surgery, applied anatomy and physiology, pathology, bacteriology, clinical laboratory methods, and allied subjects.

Part II shall consist of a clinical examination including (1) examination of patients, (2) gross and microscopic pathology and (3) roentgenologic interpretation.

The examinations will be held at times and places which will be determined by the board and will be announced in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. All applications must reach the office of the secretary at least sixty days prior to the time set for the examination and all candidates who are eligible will be notified at an appropriate time.

GRADES AND REEXAMINATIONS

An average of 75 per cent is the minimum grade which will be acceptable to the board for certification of a candidate.

If a candidate should fail in Part I, he will be required to wait one year before he may be reexamined.

If a candidate should pass Part I and fail Part II, he must wait a year before being allowed a reexamination in Part II.

If a candidate should fail the reexamination in Part I or Part II, he will be required to submit a petition to the board. With such a petition, the candidate must submit satisfactory evidence of further substantial preparation. The board may approve of another reexamination or it may deny such privilege.

A fee of $50 will be charged for the second reexamination in Part I or Part II.

CERTIFICATION

A certificate which attests to the candidate's qualifications will be awarded to those who have met the requirements for eligibility and have passed the examinations with a grade of 75 per cent or better.

Each diplomate shall be required to pay a fee of $10 annually to the board for a period of ten years following the year of his certification.

The certificate granted by the board does not confer on any physician legal qualification, privilege or license to practice proctology. Neither does it limit the activities of any licensed physician. It attempts to standardize qualifications and to issue certificates to those who comply voluntarily with the requirements. Probably the greatest value of the certificate lies in the fact that it provides the medical and lay public a partial measure whereby they may select physicians who are well qualified in this specialty.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

S. BERNARD WORTIS, President, New York.
KENNETH E. APPEL, Vice President, Philadelphia.
BERNARD J. ALPERS, Philadelphia.
PERCIVAL BAILEY, Chicago.
KARL M. BOWMAN, San Francisco.
RUSSELL N. DEJONG, Ann Arbor, Mich.
ROLAND P. MACKAY, Chicago.
FREDERICK P. MOERSCH, Rochester, Minn.
GEORGE N. RAINES, Washington, D. C.
GEORGE H. STEVENSON, London, Ontario.
PAUL I. YAKOVLEV, Middleton, Conn.
FRANCIS J. BRACELAND, Secretary-Treasurer, Institute of Living, 200 Retreat Ave., Hartford 2, Conn.
DAVID A. BOYD JR., Acting Secretary-Treasurer, 102-110 Second Ave., S., Rochester, Minn.

APPLICATION FOR CERTIFICATES

An application, in order to be considered at any meeting of the board, must be in the hands of the secretary of the board not less than ninety days before the date of such meeting. A proper application form may be obtained from the secretary. Application may be made for certification in psychiatry or in neurology or in both fields. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the board and when accompanied by an application fee in such amount as may be fixed by the board.

The secretary of the board, on receipt of an application, shall forthwith make inquiries from those to whom the candidate refers and from such other persons as the secretary may deem desirable and shall verify the candidate's record from the biographical records of the American Medical Association, after which he shall forward the application to the Committee on Credentials. This committee shall consider the application and other information available and notify the secretary whether the application is accepted. The certification of a candidate in either psychiatry or neurology, or both, shall be approved by a majority of the members of the entire board at a meeting held for such certification.

FORM OF CERTIFICATION

There shall be separate certification in psychiatry and in neurology and two certifications or a combined certification for those qualified in both fields. The certifications shall be in such form as is approved by the Board of Directors.

GENERAL REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

(*a*) He is a physician duly licensed by law to practice medicine.

(*b*) He is of acceptable ethical and professional standing.

(*c*) He is now a member of the American Medical Association or a member of such medical societies as are recognized for purposes of certification by the Council on Medical Education and Hospitals of the American Medical Association. Exceptions to the foregoing may be made at the discretion of the board for good and sufficient reasons.

(*d*) He has received adequate training in psychiatry or neurology, or both, as a specialty.

CLASSES OF APPLICANTS

Class A.—Applicants who graduate from an approved medical school before the foundation of the board (1934) will not be held to the strict interpretation of the published requirements in formal graduate training. Under such circumstances the board will consider the training and experience of the applicant and decide whether or not he will be admitted to the examination.

Class B.—Applicants who graduated from an approved medical school after 1934 shall fulfil the following requirements.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association. In the case of an applicant whose training has been received outside the United States and Canada, such training must be satisfactory to the aforementioned Council.

2. Completion of a year's internship approved by the same Council in general medicine, general surgery, pediatrics or a rotating internship.

3. The nine month wartime internships will be accepted as an equivalent of one year.

SPECIALIZED TRAINING

Admission to the examination for certification in psychiatry or neurology requires a total of five calendar years of training and experience, three years of which must be specialized training obtained in approved training centers, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, five years of which must be specialized training obtained in approved training centers, plus one year of experience. The specialized training may be subdivided into two and one-half years each in psychiatry and neurology or three years in one subject and two years in the other. The required years of experience should be spent in clinical practice with major responsibility for the care of patients.

This training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy and the physiological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This shall be combined with study of basic neurological sciences, neuroanatomy, neurophysiology, neuropathology and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and to evaluate the common psychiatric reactions.

The board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this experience with appropriate documentary support may be included in his application for evaluation and possible approval by the board.

Candidates seeking certification in both neurology and psychiatry or supplementary certification in one after being certified in the other must submit evidence satisfactory to the board of an additional two years of full time basic training in the supplementary specialty.

Thus, no candidate is eligible for examination by the board until he has completed at least five years of special training and experience in neurology or psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

The board will give not more than six months of credit for not less than six months of training in an approved training center for internal medicine or pediatrics in lieu of six months of experience to candidates for the certificate in psychiatry or neurology, but not to candidates for certification in both psychiatry and neurology.

The board will give credit for one year of training in child psychiatry provided it is the third year of the required three years of special training required by the board and providing it is taken in a center approved by this board for training in child psychiatry.

The lists of training programs approved by this board and by the Council on Medical Education and Hospitals of the American Medical Association may be found in the current issue of the Educational and Internship and Residency numbers of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The secretary may at his discretion admit to examination candidates who lack not more than two months of the time requirement for certification with the understanding that the certificate will in no case be issued until satisfactory written evidence of completion of this requirement is submitted to the board.

TRAINING IN THE ARMED FORCES

Credit will be granted for one year of wartime military service in the Army, Navy, Public Health Service and Veterans Administration. Wartime to this board means Dec. 7, 1941 to Feb. 15, 1946. Further credit for specialized training will be granted only if the candidate has received training in an institution recognized by the Council on Medical Education and Hospitals of the American Medical Association and approved by this board. Time beyond one year spent in the above government agencies may be credited to experience providing the candidate has been regularly assigned to a service in neurology or psychiatry.

EXAMINATIONS

Date and places of examinations are set by the board at its discretion and shall be announced in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, in the *American Journal of Psychiatry*, in the *Journal of Nervous and Mental Diseases*, and in the *Archives of Neurology and Psychiatry*.

The examinations are designed to test the competence of the candidates. The board requires some proficiency in neurology on the part of those it certifies in psychiatry, and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. The practical examination will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. Written examinations may be given at the discretion of the board. The examination for certification in psychiatry will differ from the examination for certification in neurology.

PAYMENT OF FEES

The candidate on filing his application shall accompany it with an application fee of $25 which is not returnable. If a preliminary written examination has been decreed, an additional $25 fee will be required at the time of the applicant's acceptance. When notified by the secretary that he is eligible for the oral and practical examination, the candidate shall send to the

secretary an examination fee of $50. A candidate who has been certified in either psychiatry or neurology and who has been admitted to supplementary examination for the other certificate shall pay an additional examination fee of $50.

A candidate who has failed in one examination is eligible for reexamination within one year on payment of a reexamination fee of $25. After the year has elapsed he must submit a new application and pay new application and examination fees. If he fails the reexamination, he may, after two years have elapsed, submit a new application and $25 fee, present evidence of further training and pay an examination fee of $50.

A candidate who fails in one or two subjects is eligible for reexamination in those subjects within one year on payment of a reexamination fee of $25. After the year has elapsed he must submit a new application and pay new application and examination fees and repeat the entire examination. If he fails the reexamination, he may apply again for the complete examination after two years on submission of evidence of further training and on payment of an application fee of $25. If admitted to the examination, he must pay a new examination fee of $50.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the secretary at least six weeks before the date of the examination will forfeit half of his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of notification of eligibility for examination shall be required to submit a new application and pay the attendant fee. If a candidate dies before his certificate is issued, all fees will be returned to his estate.

AMERICAN BOARD OF RADIOLOGY

I. H. Lockwood, President, Kansas City, Mo.
Douglas Quick, Vice President, New York.
Ralph S. Bromer, Bryn Mawr, Pa.
Ray A. Carter, Los Angeles.
D. S. Childs, Syracuse, N. Y.
A. H. Dowdy, Los Angeles.
Ross Golden, New York.
E. L. Jenkinson, Chicago.
H. Dabney Kerr, Iowa City.
F. W. O'Brien, Boston.
J. W. Pierson, Baltimore.
U. V. Portmann, Cleveland.
Leo G. Rigler, Minneapolis.
B. P. Widmann, Philadelphia.
B. R. Kirklin, Secretary-Treasurer, 102-110 Second Avenue, S.W., Rochester, Minn.

CERTIFICATES

A certificate will be issued to each candidate who meets the requirements of the board, to the effect that the holder of the certificate has had adequate training in radiology and has successfully fulfilled the requirements of the board.

A certificate granted by this board does not of itself confer, or purport to confer, any degree, or legal qualifications, privileges or license to practice radiology. Certificates of the board shall be issued on one of two forms:

1. A certificate to the effect that the applicant has been found qualified to practice radiology in all its branches.

2. A certificate to the effect that the applicant has been found qualified to practice radiology in one or more of the following special fields: (*a*) roentgenology; (*b*) diagnostic roentgenology; (*c*) therapeutic radiology.

3. A certificate to the effect that the applicant has been found qualified to practice radiological physics in all of its branches.

4. A certificate to the effect that the applicant has been found qualified to practice radiological physics in one or more of the following special fields; (*a*) x-ray and radium physics; (*b*) medical nuclear physics.

DEFINITIONS

For the purposes of this board, the following definitions are adopted:

1. Radiology is that branch of medicine which deals with the diagnostic and therapeutic application of radiant energy including roentgen rays and radium.

2. Roentgenology is that branch of radiology which deals with diagnostic and therapeutic application of roentgen rays.

3. Diagnostic roentgenology is that branch of radiology which deals with the diagnostic application of roentgen rays.

4. Therapeutic radiology is that branch of radiology which deals with the therapeutic application of roentgen rays, radium and radioactive isotopes.

5. Radiological physics is that branch of physics which deals with the medical application of roentgen rays and the radiations from radioisotopes, nuclear reactions and particle accelerators.

6. X-ray and radium physics is that branch of radiological physics which deals with roentgen rays and radium.

7. Medical nuclear physics is that branch of radiological physics which deals with radioisotopes, nuclear reactions and particle accelerators.

GENERAL REQUIREMENTS

Each applicant for admission to the examination for a certificate in radiology shall be required to present evidence that he has met the following standards:

GENERAL QUALIFICATIONS

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or county in which he resides.

3. Membership in the American Medical Association, or membership in such Canadian or other medical societies as are recognized for this purpose by the Council on Medical Education and Hospitals of the American Medical Association. Except as herein provided, membership in other societies shall not be required.

4. That the applicant holds himself out to be a specialist in radiology or one of its branches as defined under "definitions," and that he devotes his time primarily and principally (at least 75 per cent) to the practice of radiology or one of its branches.

5. That he is a citizen of the United States or Canada. Candidates from other countries must be permanent residents of that country and native citizens thereof.

GENERAL PROFESSIONAL EDUCATION

1. Graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association. If the applicant is a resident of the United States or one of its possessions and is a graduate of a medical school outside the United States or Canada, he must have a certificate of the National Board of Medical Examiners.

2. Completion of an internship of not less than one year in a hospital approved by the same Council.

SPECIAL TRAINING

1. After completion of the internship there shall be a period of special training in radiology of not less than three years in clinics, hospitals or dispensaries recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in radiology. This period of specialized training shall include:

(*a*) Graduate training in pathology, radiation physics and radiobiology. A period of six months full-time training in pathologic anatomy is recommended but where this is not possible to arrange, the student during his three-year training period may, by attending pathologic conferences, postmortem examinations and studying removed tissues, receive adequate training in pathology. It is recommended that radiation physics be taught by a combination of didactic lectures, practical examples and direct clinical demonstrations.

(*b*) An active experience (residency) of not less than twenty-four months in an institution, the radiologic department of which is recognized and approved by the American Board of Radiology and the Council on Medical Education and Hospitals of the American Medical Association as capable of providing satisfactory training.

(*c*) Examination in the basic sciences of radiology as well as the clinical aspects thereof. These examinations should be given by the student's instructors in order to allow those responsible for his training to certify to the board that he is adequately prepared.

APPLICATION

The board desires to appraise the candidate's educational opportunities (premedical, medical and radiologic), the ability of his instructors, his hospital and teaching positions, his

original investigations, his contributions to radiologic literature, his membership in medical societies and his local and general reputation.

For this purpose, application must be made on a special blank which may be obtained from the secretary. No application will be considered unless made on the regular application blank. This application shall be forwarded with the required data, two unmounted photographs and the fee of $75 at least two months before the date of the examination.

FEE

A fee of $75 must accompany each application blank. This fee will not be returned, and no application will be considered until the fee is received. This fee has been carefully computed and is used entirely for administrative purposes. Members of the board and special examiners do not receive any compensation except for actual expenses connected with holding the examinations. As the number of candidates decreases, it may become necessary to raise the fee.

EXAMINATIONS

Each year the board will hold an examination in conjunction with the annual meeting of the American Medical Association, and, when sufficient applications are on file, a second examination will be held in conjunction with the annual meeting of the American Roentgen Ray Society and/or the Radiological Society of North America.

For the present, examinations consist of practical and oral examinations, although written examinations may be added later. The examinations are designed to test the candidate's fitness to practice radiology or one of its branches as a specialty. The board will endeavor to adapt this examination to the candidate's experience and years of practice. It will try especially to ascertain the breadth of his clinical experience, his knowledge of the basic sciences of radiology, and likewise his knowledge of the recent literature on radiology, and his general qualifications as a specialist in this branch of medicine.

The examination consists of tests in film interpretation and an oral examination in pathology, physiology, radiophysics and radiobiology, as well as the clinical application of roentgen rays, radium and radioactive isotopes. The applicant is also examined in "professional adaptability," in an attempt to ascertain his attitude toward his fellow practitioners and his patients.

Whenever an applicant fails to pass the examination, the board, if requested, will make suggestions as to suitable courses of instruction for the purpose of overcoming his deficiencies.

REEXAMINATIONS

If the candidate fails in the first examination he will be admitted to a second examination after one year has elapsed but not more than three years. He must give ninety days' notice of his intention to appear for reexamination and pay an additional fee of $35. If a candidate who has failed does not appear for reexamination before the expiration of three years, he will be required to make a new application and pay an additional fee of $75.

A candidate having failed twice may, after one year has elapsed, file a new application which must be accompanied by the fee of $75.

AMERICAN BOARD OF SURGERY

WARREN H. COLE, Chairman, Chicago.
CALVIN M. SMYTH, Vice Chairman, Philadelphia.
LAWRENCE CHAFFIN, Los Angeles.
CLARENCE E. GARDNER, JR., Durham, N. C.
PETER HEINBECKER, St. Louis.
THOMAS H. LANMAN, Boston.
LELAND S. MCKITTRICK, Boston.
ROBERT M. MOORE, Galveston, Texas.
JOHN H. MULHOLLAND, New York.
JOHN D. STEWART, Buffalo, N. Y.
JOHN M. WAUGH, Rochester, Minn.
J. STEWART RODMAN, Secretary-Treasurer, 225 S. Fifteenth Street, Philadelphia.

GENERAL QUALIFICATIONS

1. Moral and ethical standing in the profession satisfactory to the board.

The board, believing that the practice of "fee splitting" is pernicious, leading as it does to a traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question.

2. Those whose activities are limited to the practice of surgery. This includes diagnosis, preoperative and postoperative care. It does not include obstetrics without surgical complications, or the general practice of medicine.

PROFESSIONAL STANDING

1. Graduation from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the board.

2. Completion of an internship (straight or rotating) of not less than one year in a hospital approved by the same Council, or its equivalent in the opinion of the board, such as a year of study devoted to a single branch of medicine.

SPECIAL TRAINING

The board considers the requirements outlined to be minimal in attaining its purpose, and encourages candidates to take advantage of broadening experience in other fields.

Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the board. Three of these years must be spent in an approved residency or clinical fellowship. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics and biochemistry to surgery is emphasized. If the second year of a two year internship is surgical and is an integral part of a four-year graded training program, it will be acceptable to the board.

During these four years of training a candidate must:

1. Hold positions of increasing responsibility for the care and management of patients with surgical conditions.

2. Have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Group II. The board realizes that there is not as yet an adequate number of four-year graded residencies (Group I) to meet the needs of the country for qualified surgeons. Therefore, the board will continue to recognize three years [1] of residency training in an institution or institutions acceptable to the board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the board, and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons. Not more than two of the five years required by Group II applicants may be spent in the subspecialties of surgery.

BASIC SCIENCES

The board does not insist that any special length of time be spent in the basic sciences, but knowledge of these sciences as applied to clinical surgery will be required in the examination. In both groups I and II, as much as one year's credit, however, will be given to recognized graduate school courses in these basic sciences if such courses are an integral part of an acceptable university medical school, but only in Group II is this applicable to the three years of residency required. The board will not, however, give credit for any post-graduate course of less than six months' duration.

At the completion of training, the board will request responsible representatives of the institutions in which the candidate has had the major portion of his training to attest to his character and professional competency, and to recommend that he be admitted to its examinations. This requirement is applicable to candidates in both groups.

Approval will be given for experience obtained in institutions having training programs of less than three years only when such a program is affiliated with and forms an integral part of an approved graded residency.

1. When a candidate receives his training in more than one institution, it is imperative that he hold positions of increasing responsibility.

MILITARY CREDIT

Candidates who were on active duty in the armed forces for one to two years and who entered these services prior to V-J Day (Aug. 15, 1945) will be given one year military credit. Subsequent to Feb. 15, 1946, credit for military service will be given on the same basis as in civilian training as described elsewhere. Credit for military service may be applied to the residency requirements as outlined for Group II candidates, but military credit is not allowed for Group I candidates.

REQUIREMENTS FOR FOREIGN BORN AND FOREIGN TRAINED APPLICANTS

Full citizenship status is required of residents of the United States. United States citizens who are residents of other countries, and citizens of other countries must have completed at least the three year residency training requirements in a hospital in the United States. In addition, they are required to hold a license to practice surgery in the country in which they are resident or hold citizenship.

APPLICATIONS

Prospective candidates considering themselves eligible for examination should submit a letter to the board's office outlining briefly, in concise and chronological order, their qualified training since graduation from medical school. If the prospective candidate's letter appears to meet the minimum requirements, an application form will be mailed to the candidate for completion. The processing of the completed application by the board's office and the Examination Committee requires a minimum of three months. The candidate will then be notified by the secretary as to his acceptability for examination, his deferment or ineligibility.

The eligibility of candidates whose training in some respects does not conform to requirements published above will require the action of the Examination Committee, which may postpone the candidate's notification of acceptability. Every candidate's final acceptability for examination is based not only on the evaluation of his training qualifications, but on recommendation by the board's advisors as to his professional ability as a surgeon, his ethical standing in the community and the strict limitation of his work to surgery.

THE FOUNDERS GROUP

The Founders Group, to which were admitted those who had already amply demonstrated their fitness as trained specialists in surgery, was closed in January 1940.

EXAMINATIONS

The qualifying examination will be divided into Part I (written) and Part II (clinical, bedside and laboratory). In both of these parts, as previously stated, a knowledge of the practical application of the sciences fundamental to surgery will be required.

Part I. This examination will be given simultaneously in as many centers throughout the country as the board may determine suitable for the purpose, and is held twice a year, in the spring and fall. All applications must be on file in the board's office at least three months in advance of the examination. Candidates who are declared eligible are given ample notice as to the center to which they have been assigned for examination.

The examination in Part I is written and covers a one day period. There shall be two sessions of three hours each. The examination concerns itself primarily with general surgical problems and in addition the application of the basic sciences of surgery to these problems.

Part II. The board may, at its discretion, require that a satisfactory operative report be filed before a candidate is eligible for Part II. Such a report shall be made by a member of the Board, Founders Group, or one certified by examination, designated to be present during a major operating procedure performed by the candidate.

Part II of the examination shall be oral and practical and cover a one day period, the schedule being arranged somewhat as follows:

9 A. M.-1 P. M.—Clinical surgery (diagnosis, management and the application of physiology, biochemistry and bacteriology, as the case being examined on may offer an opportunity for doing so. Roentgenographic interpretation will also be included).

2-5 P. M.—Applied Anatomy and Surgical Pathology.

The board expects that every candidate shall be well prepared in applied anatomy and in surgical pathology. In the latter subject more stress is laid on the diagnosis of gross specimens than on the recognition of microscopic pathology.

Examinations in Part II are conducted in certain centers of the country selected by the board. It is the board's desire to arrange these centers so as to geographically meet the needs of the candidates, on condition that suitable examination facilities can be provided. Examinations in Part II are conducted by members of the board living in the region of the country in which they are held, together with selected members of the Founders Group resident in the centers chosen.

GRADES

A candidate must receive an average of 75 per cent for each part to be entitled to the board's certificate.

A candidate who fails in his examination in Part I shall have his papers reviewed by the Examination Committee.

REEXAMINATIONS

Part I. Candidates who fail Part I are required to wait one year before becoming eligible for reexamination.

Part II. Candidates who fail Part II in its entirety and those who fail in the single subject of clinical surgery are required to wait one year before establishing eligibility for reexamination. Those who fail either anatomy or pathology are required to wait six months. The board expects that during this period the candidate will make a reasonable effort to prepare himself in the subject or subjects in which he has failed.

Should a candidate fail one examination in parts I and II, further examination privileges will be decided in each individual instance by the Examination Committee, but only after the candidate has submitted satisfactory evidence of further substantial preparation. The board may, for good and sufficient reason, deny a candidate the privilege of further reexamination.

FEES

The fee for the examination is $100, payable as follows: $10 registration fee, $30 for Part I and $60 for Part II.

Candidates shall be required to pay a fee of $30 for reexamination in Part I and $60 for reexamination in Part II.

This board is a nonprofit organization. All fees will be used, after a reasonable amount is set aside for necessary expenses, to aid in improving existing opportunities for the training of the surgeon. The members of the board serve without remuneration.

CERTIFICATION

After meeting the requirements for eligibility and passing the examination, a certificate attesting to a candidate's qualifications in surgery will be issued by the board, signed by its officers.

The board has discharged its responsibilities by conducting examinations and has issued certificates of qualification to those surgeons who have met certain clearly specified educational requirements and have successfully passed its examinations. In discharging its responsibilities, the primary purpose of the board has been to establish and maintain desirable standards in the education and training of the young surgeon.

The American Board of Surgery has never been concerned with measures that might gain special privileges or recognition for its certificants in the practice of surgery. It is neither the intent nor has it been the purpose of the board to define requirements for membership on the staffs of hospitals. The prime object of the board is to pass judgment on the education and training of broadly competent and responsible surgeons, not who shall or shall not perform surgical operations. The board specifically disclaims interest in or recognition of differential emoluments that may be based on certification.

BOARD OF THORACIC SURGERY

(An Affiliate of the American Board of Surgery)

CARL EGGERS, Chairman, New York.
CAMERON HAIGHT, Vice Chairman, Ann Arbor, Mich.
WILLIAM E. ADAMS, Chicago.
FRANK E. BERRY, New York.
BRIAN B. BLADES, Washington, D. C.
THOMAS H. BURFORD, St. Louis.
MICHAEL E. DEBAKEY, Houston, Tex.
EMILE HOLMAN, San Francisco.
GEORGE H. HUMPHREYS, New York.
RICHARD HARWOOD SWEET, Boston.
WILLIAM M. TUTTLE, Secretary-Treasurer, 1151 Taylor Avenue, Detroit 2, Mich.

FUNCTIONS OF THE BOARD

1. To select Founder Members. This group is composed of surgeons, who have made meritorious contributions to thoracic surgery, as follows:

(*a*) Active and senior members of the American Association for Thoracic Surgery, who have been certified by the American Board of Surgery, are eligible for consideration as Founder Members.

(*b*) Other surgical members of the American Association for Thoracic Surgery will have their records reviewed by the board, and may be recommended for Founder Membership with or without application.

(*c*) Other surgeons, certified by the American Board of Surgery, who on application, and after review of their qualifications, are found to meet the requirements of the thoracic board.

The Founders Group is now closed.

2. To conduct examinations of satisfactory candidates who seek certification by the board.

3. To improve the opportunities for the training of thoracic surgeons.

4. To set up principles of education to guide young surgeons who desire to prepare themselves for proficiency in thoracic surgery.

5. To issue certificates of qualification to all those meeting the board's requirements.

REQUIREMENTS

1. Certification by the American Board of Surgery.

2. Two years' training in thoracic surgery approved by the Board of Thoracic Surgery, or meritorious contributions to thoracic surgery. One of these two years may be spent during the four years of training in surgery required by the American Board of Surgery.

3. Written, oral and practical examination.

DEFINITION

To qualify for the examination in thoracic surgery, the candidate shall have had two years of training in an active, well-integrated thoracic surgical clinic or clinics, or the equivalent amount of thoracic surgical training, on a mixed service consisting of thoracic and nonthoracic surgical cases. Adequate training in both the tuberculous and nontuberculous aspects of thoracic surgery is expected. In order to obtain this objective, combined residencies between institutions of different types may be advantageous. It is also required that the candidate be familiar with the basic sciences as related to thoracic surgery. Under exceptional circumstances certain surgeons may, by virtue of recognized proficiency in the surgical treatment of thoracic diseases, qualify for the examination at the discretion of the board.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery and ask for an application form. An application form will not be sent unless evidence is submitted in a letter indicating that the prospective applicant appears to meet the minimum requirements.

EXAMINATIONS

The Board of Thoracic Surgery will be governed in general by the rules laid down by the American Board of Surgery pertaining to examination, as well as reexaminations.

Rules may be changed, however, at the discretion of the Board of Thoracic Surgery.

FEES

Founders Group. To those who will be admitted to this group, a certificate will be issued. The fee will be $50.

Group to be certified by examination. For the special examination in thoracic surgery and the issuing of a certificate, the fee will be $100. Fifteen dollars of this fee is to accompany the application and will be considered as a registration fee. It is nonreturnable to the applicant in case he is disapproved for examination.

Reexamination. The fee for reexamination will be $25.

AMERICAN BOARD OF UROLOGY

GILBERT J. THOMAS, President, Beverly Hills, Calif.
GEORGE F. CAHILL, Vice President, New York.
CHARLES C. HIGGINS, Cleveland.
GRAYSON CARROLL, St. Louis, Mo.
A. I. DODSON, Richmond, Va.
EDGAR BURNS, New Orleans.
THOMAS D. MOORE, Memphis, Tenn.
ROGER GRAVES, Boston.
HARRY CULVER, Secretary-Treasurer, Chicago.
Office of the Secretary-Treasurer: 30 Westwood Road, Minneapolis 16.

EMERITUS MEMBERS

WILLIAM F. BRAASCH, Rochester, Minn.
HERMAN L. KRETSCHMER, Chicago.
T. LEON HOWARD, Denver.
CLARENCE G. BANDLER, New York.
GEORGE GILBERT SMITH, Brookline, Mass.

APPLICATION BLANK: REQUIREMENTS FOR ALL APPLICANTS

Application for certification must be made on a special form. This will be provided by the secretary and must be returned to him accompanied by other required data and credentials, and by $50 of the examination fee.

Requirements for Applicants.—Each applicant, before he shall become eligible to take the examination for certification in urology, must:

A. Have graduated from a medical school of the United States or Canada recognized by the Council on Medical Education and Hospitals of the American Medical Association and must have completed an internship of not less than one year in a hospital approved by the same council. (The former requirement is not applicable to a candidate who graduated from an institution now extinct, or whose graduation occurred before the American Medical Association had prepared a list of accredited medical schools.) All graduates of foreign medical schools must obtain a license to practice in the state or province in which they reside, the certificate of the National Board of Medical Examiners and/or the certificate of graduation from a medical school recognized by the Council on Medical Education and Hospitals of the American Medical Association as capable of providing training comparable with that recognized in a "Class A" medical school.

B. Establish in a manner satisfactory to this board that he is a physician duly licensed by law to practice medicine, that he is of high ethical and professional standing, and that he has received adequate special training in urology.

The board is attempting to increase and to standardize the facilities for urological training in teaching institutions, so that the expression "special training in urology" may be interpreted to include:

1. A period of study, after the internship, of not less than three years in clinics, dispensaries, hospitals or laboratories recognized by the Council on Medical Education and Hospitals of the American Medical Association as competent to provide a satisfactory training in the special field of urology.

The training requirements after the internship may be fulfilled in one of the following ways.

(*a*) A three-year residency in urology.

When a resident obtains a senior rating or is in his final year of training, he should be in charge of the examination and treatment (surgical or otherwise), of an ample number of patients under the supervision of the senior consultant or attending urologist who must be a certificatee of the American Board of Urology.

(*b*) A second year of rotating internship or a one-year residency, preferably in general surgery, followed by a two year urologic residency, which should have the same status as the last two years of a three year urologic residency.

(*c*) Preceptorship.

This type of training may be accepted, but it is not encouraged.

This, and other variations from training described above, must be supported by evidence that the candidate has had training comparable with one of the two preceding types of residencies.

2. An additional period of not less than two years in the practice of urology in the city from which he makes application.

These special requirements conform with the suggestions made by the Council on Medical Education and Hospitals of the American Medical Association.

After June 30, 1955, training requirements, after the internship, may be fulfilled in one of the following ways:

1. One year general surgery. Three years formal training in urology.

2. Two years of general surgery. Two years formal training in urology.

3. One year of general surgery. One year review of basic sciences or some special research. Two years of formal training in urology.

4. One year general surgery. Two years of formal training in urology. One year of credit for two years in a preceptorship, to be approved by the Credentials Committee and the board.

C. Make application to the American Board of Urology, whose duty it shall be to investigate the applicant's credentials and make a survey of his character.

D. Assure the board that he is engaged in the practice of urology and that he intends to continue to be so engaged.

E. Membership in the American Medical Association or comparable national medical association is recommended.

FEE

The examination fee is $150. (This fee will be increased when the expense of the examinations and other activities of the board demand.) Fifty dollars must accompany the application. If, on investigation, an applicant is found lacking in any of the requirements stated above, he will be notified that he is ineligible for examination. One hundred dollars must be paid when the applicant is accepted as a candidate for certification. Neither fee shall be returnable in any event.

If a candidate fails, he will be permitted a second examination after one year or within three years, without additional fee, but he must give sixty days' notice of his intention to appear for reexamination. After an applicant has failed twice, he must file a new application and pay a second fee.

REQUIREMENTS FOR CERTIFICATION

According to the by-laws of the American Board of Urology, applications received from applicants for certification shall be examined by the Credentials Committee and reviewed by the board. When additional data are required to complete the application, these will be requested by the secretary.

The requirements for certification include: preparation of reports of twenty-five representative (not necessarily consecutive) major urological cases from private cases, which must contain all items essential for diagnosis, therapy, prognosis, results of treatment and so on; oral-clinical examinations, written examinations and personal appearance before the board.

In specific instances, the board may waive any part of these requirements, with the exception of the item of personal appearance.

Each candidate will receive a notice of the time and place of the examinations, and an appointment for his personal appearance before the board.

EXAMINATIONS AND REPORTS OF CASE HISTORIES

The board will hold one examination per year. This may be held in association with the annual meetings of the American Urological Association or the American Medical Association, when this is practicable, or at other times and places that the board may select, or deem expedient.

The written examinations are designed to test the candidate's preparation in, and his knowledge of, the whole field of urology, including the fundamental subjects: pathology, anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology. These may be given at the time of the oral-clinical examination, or may be held on certain dates simultaneously in different parts of the country at places convenient for candidates. The examination in pathology will consist of the identification of gross specimens and of sections of tissue observed through the microscope. The examination in anatomy, physiology, embryology, bacteriology, physiological chemistry and endocrinology will be a test of the candidate's working knowledge of these subjects as they are related to the practice of urology.

The oral-clinical examination will consist of discussions of common urological conditions. The subjects forming the basis of this examination are urography; diseases of the genital organs, including the prostate; diseases of the urinary bladder and diseases of the ureters and kidneys. The examination may deal directly with data found in the reports of case histories that the candidates have submitted. It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for practice in the specialty of urology.

The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

The reports of twenty-five major urological cases must be representative cases from private practice. The reports must be typewritten on 8½ by 11 paper and in duplicate, but need not be on any special form.

Complete index lists must accompany the reports. If they are obtained from more than one hospital they must be consecutive and a separate index list of each group should be provided. These lists must state the operator's name at the head of each page, the name of the patient, the hospital and admission number, and the dates of operation. Statements from the superintendents of the hospitals attesting that the candidate was the operator *must be included.* With the twenty-five case reports there must also be an index, in consecutive order, of all major and minor urological surgery done during the last two years of practice. The lists should be filed in the secretary's office for verification purposes.

The data should be placed under proper headings and the arrangement of these should conform to the sequence of events incidental to the patient's admission to the hospital or clinic, the examinations made and treatment prescribed.

Sufficient data should appear in these so that the examiner will know that a proper history was taken and that a thorough examination, including a complete physical survey, was made.

The board requires that all of the essential points of the history and examination, as well as a complete description of the surgical procedure, shall be given. Emphasis should be placed on the following items: preoperative diagnosis, clinical and pathological diagnosis, laboratory data, including cultures of urine and chemical analysis of calculi; summary of postoperative course with special reference to morbidity, clinical findings at time of discharge from the hospital and subsequent follow-up reports.

A final short paragraph *must be prepared* for each case. This must include the candidate's interpretation of the history in terms of pathology; the basis for the diagnosis; the facts that determined the treatment prescribed, whether surgical or otherwise; the course of treatment to be pursued following discharge from the hospital or clinic; a critical discussion of the knowledge gained from the proper handling of the case, or from the errors made (if any) in the diagnosis and method of treatment.

Each candidate must assume personal responsibility for the data in his case reports, including autopsy findings and interpretation of urograms.

A candidate must remember that these case reports are documentary evidence of his ability and that the material in them and the manner of presentation are important evidences of his competence as a urologist.

The deadline for the receipt of case histories each year is September 1.

Satisfactory case reports must be submitted before a candidate will be permitted to continue with other parts of his examination. If case reports are pronounced unsatisfactory by more than one examiner, the candidate will be informed of this and requested to prepare others.

LIMITATIONS OF FUNCTIONS OF THE BOARD

The conferring of degrees, "Doctor of Medicine" or "Bachelor of Medicine" remains with the universities, where it belongs. This board makes no attempt to control the practice of urology by license, or legal regulation and in no way interferes with or limits the professional activities of any duly licensed physician.

V 147
1951

THE JOURNAL
OF THE AMERICAN MEDICAL ASSOCIATION
535 N. DEARBORN ST. . . . . CHICAGO 10, ILL.
Edited by . . . . . AUSTIN SMITH, M.D.
Associate Editor . . . . . JOHNSON F. HAMMOND, M.D.
Editor for Medical Literature Abstracts . GEORGE HALPERIN, M.D.

Subscription price . . Fifteen dollars per annum in advance
Cable Address . . . . . "Medic, Chicago"

ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES

The Council on Medical Education and Hospitals presents in this issue its twenty-fifth Annual Report on Internships and Residencies. This report summarizes data on approved programs in 844 hospitals conducting intern training and in 1,120 hospitals offering residency training in the specialties. The report with lists of approved hospitals is appearing at this time rather than in the spring as in years past to provide more current information to prospective applicants at the time they are seeking appointments.

Two innovations have been made this year in the lists of approved internships and residencies. In addition to the geographical list of hospitals approved for intern training, the Internship and Residency Number this year presents a classification of internships by type of service: rotating, mixed, straight or special. The residency section has also been enlarged to include a geographical list of hospitals approved for residency training together with a résumé of the specialties for which each hospital is approved. These changes have been made to provide more ready reference to and additional information about the internship and residency programs approved by the Council.

The Council now approves residencies in 28 specialties and subspecialties. In internal medicine approval is extended jointly by the Council, the American Board of Internal Medicine, and the American College of Physicians; in general surgery, programs are approved by the Council, the American Board of Surgery, and the American College of Surgeons. In both of these major specialties, a Conference Committee on Graduate Training has been established with representatives from the three organizations concerned, to cooperate in a joint program for evaluation and approval of residency training in these specialties.

Data submitted by hospitals conducting residency training reveals that there has been a marked increase during the past year in the number of residency positions that were unfilled. In the annual report for 1950, there were 1,179 positions reported vacant. This year the number of vacancies rose to 4,869. That this trend will be continued is considered inevitable in view of an anticipated decrease in the number of available applicants and the continued need for physicians by the military services.

The Council expresses its appreciation for the wholehearted support received from hospitals conducting graduate training programs for providing the statistical information and other data on which the report is based. The Council also acknowledges the essential contributions made by many other groups and organizations in carrying out the approval program and in making the annual report possible. The Council has enjoyed particularly the cooperation of the specialty boards, the American College of Physicians, the American College of Surgeons, medical schools, and medical departments of the federal services.

ANTIBIOTIC ANTAGONISM

The introduction of a wide variety of active chemotherapeutic agents has led to the use of combinations of two or more of these agents in the hope of securing additive or even synergistic effects. Clinically effective combinations include dihydrostreptomycin and aureomycin in brucellosis and paraaminosalicylic acid and dihydrostreptomycin in tuberculosis. Such combinations not only may offer an increased antibacterial effect but also may delay the appearance of drug-resistant organisms.

Recently considerable experimental evidence has been presented to indicate that under certain circumstances antimicrobial agents may, when combined, actually have an antagonistic action. Thus Lankford and Lacy [1] studied the in vitro bacteriostatic action of aureomycin-penicillin and aureomycin-streptomycin mixtures on staphylococci and concluded that synergistic, additive, indifferent or antagonistic effects could be obtained, depending on the relative concentration of the two drugs. Spicer [2] also demonstrated in vitro an interfering effect between certain antibiotics and concluded that, if an antibiotic to which a bacterial strain is only moderately sensitive is combined with one of high activity, the action of the latter may be impeded. A more searching study of antagonisms has been undertaken by Jawetz and his associates at the University of California.[3] These investigators have shown that under certain conditions aureomycin, terramycin, chloramphenicol, and sulfadiazine are antagonistic toward penicillin, both decreasing its early bactericidal action in vitro and interfering with its therapeutic effect in experimental infections in mice. Antago-

1. Lankford, C. E., and Lacy, H.: In Vitro Response of Staphylococcus to Aureomycin, Streptomycin, and Penicillin, Texas Rep. Biol. & Med. **7**: 111, 1949.

2. Spicer, S.: Bacteriologic Studies of the Newer Antibiotics: Effect of Combined Drugs on Microorganisms, J. Lab. & Clin. Med. **36**: 183, 1950.

3. Jawetz, E.; Gunnison, J. B., and Coleman, V. R.: The Combined Action of Penicillin with Streptomycin or Chloromycetin on Enterococci in Vitro, Science **111**: 254, 1950. Jawetz, E., and Speck, R. S.: Joint Action of Penicillin with Chloramphenicol on an Experimental Streptococcal Infection of Mice, Proc. Soc. Exper. Biol. & Med. **74**: 93, 1950. Gunnison, J. B.; Coleman, V. R., and Jawetz, E.: Interference of Aureomycin and of Terramycin with Action of Penicillin in Vitro, Proc. Soc. Exper. Biol. & Med. **75**: 549, 1950. Jawetz, E.; Gunnison, J. B.; Speck, R. S., and Coleman, V. R.: Studies on Antibiotic Synergism and Antagonism: The Interference of Chloramphenicol with the Action of Penicillin, A. M. A. Arch. Int. Med. **87**: 349 (March) 1951. Gunnison, J. B.; Speck, R. S.; Jawetz, E., and Bruff, J. A.: Studies on Antibiotic Antagonism: The Effect of Sulfadiazine on the Action of Penicillin in Vitro and in Vivo, Antibiotics and Chemotherapy, **1**: 259, 1951. Speck, R. S.; Jawetz, E., and Gunnison, J. B.: Studies on Antibiotic Synergism and Antagonism: The Interference of Aureomycin or Terramycin with the Action of Penicillin Infections in Mice, A. M. A. Arch. Int. Med. **88**: 168 (Aug.) 1951.

nism could not be demonstrated, however, if the concentration of the interfering drug was either too low to affect the test organism or sufficiently high to be strongly bactericidal, if penicillin was present for more than a few minutes prior to the addition of the interfering drug, or if excessive doses of penicillin were used. Furthermore, they found that the effect was unilateral, penicillin failing to antagonize the action of the other four antibacterial agents. These investigators suggest that antagonism is due to the fact that the interfering drugs modify the characteristics of the bacterial population so as to make it less sensitive to penicillin action. Since penicillin is active only against actively growing micro-organisms, it is readily conceivable that bacteriostatic concentrations of these antimicrobial agents would lessen the effectiveness of penicillin. On the other hand, a synergistic effect could be anticipated if agents such as bacitracin or streptomycin, which are active against nonproliferating organisms, were combined with penicillin. While no evidence of the phenomenon of antibiotic antagonism has as yet been reported in the treatment of human infections, Jawetz and his associates express the hope that awareness of its possible occurrence will induce physicians to observe more carefully patients receiving combinations of chemotherapeutic agents.

THE MATCHING PLAN FOR THE APPOINTMENT OF INTERNS

The Council on Medical Education and Hospitals in its Annual Report in this issue calls attention to the matching plan for the appointment of interns, which has been adopted as the official method for making intern appointments for the year 1952-1953. The plan is sponsored by the National Interassociation Committee on Internships. This committee is comprised of representatives from the Council, the Association of American Medical Colleges, the American Hospital Association, the Catholic Hospital Association, the Protestant Hospital Association, and liaison representatives from the Medical Departments of those federal services that conduct intern training programs.

After the successful results of a trial run last year, the plan has been put into effect for appointments to internships beginning in 1952. Essentially, it is a method by which the student's hospital preference and the hospital's rating of the applicant are matched through a central office. Participation in the plan is on a voluntary basis, both for the hospital and the student. It is anticipated, however, that both the large majority of hospitals approved for intern training and nearly all students applying for appointment will participate this year. Agreements are entered into by both the hospital and the student committing them to the acceptance of the results of the matching procedure, if they enter the program.

The matching plan assures the applicant of the opportunity for making an unhurried decision as to the hospitals of his choice and will eliminate for the hospital the last-minute confusion in clarifying the status of its applicants. It provides a fair and impartial method for the appointment of interns and should be given wholehearted support by all hospitals approved for intern training.

ADVISORY COMMITTEE ON INTERNSHIPS

Two recent developments regarding intern training are of direct interest to all hospitals conducting internship programs. In its report in this issue, the Council states that, in the future, approval for intern training will be granted annually, and will include the number and types of internships for which the hospital is approved. To implement the policy for this year, the Council had announced on June 30 a quota basis for the appointment of interns. Although the latter program was subsequently deferred, the Council has strongly urged all hospitals to cooperate on a voluntary basis in appointing interns for next year in accordance with the provisions of the quota plan. In the report announcement is also made of the appointment of an Advisory Committee on Internships, with representatives from the profession, from medical education, from the major clinical divisions, and from the field of hospital administration. This committee is studying the whole question of intern training in its broadest aspects.

The revisions in the Council's previous policy of internship approval and the establishment of a formal committee to make a full study of the internship program point up the fact that the internship today is in a state of flux and that intern training is in need of reclarification and redefinition as to its purpose and content. That there will be significant changes in the present concept of the internship during the next few years seems certain.

PHYSICIAN'S HANDBOOK

The Connecticut State Department of Health has made available to the physicians of the state a Physician's Handbook, which contains in convenient form information that every physician should know relative to the requirements of the state laws and the sanitary code regulations. Reportable diseases are listed. Information is given concerning their periods of incubation and their periods of communicability, and suggestions are made as to minimum control measures. Legal requirements are set forth dealing with the commitment of the mentally ill, the reporting of births and deaths, the necessity of prenatal and premarital examinations, and other duties imposed by law on physicians. This handbook also lists the services that are made available by the state department of health. Physicians in Connecticut should find this handbook of great value. Medical associations in at least two states, Indiana and Wisconsin, devote annually special issues of their journals to discussions of the requirements imposed by law on physicians. This is a service that can be commended.

V 14
1951

THE PRESIDENT'S PAGE

A MONTHLY MESSAGE

In my travels as President of the American Medical Association, I have been telling and retelling the A. M. A. story—not only to physicians but to persons I have met on trains and planes, to newspaper reporters and to radio announcers. Our Association has a proud history, and it daily performs vital services for physicians and for the public. This story needs to be told, because the public, and many physicians as well, have little understanding of what the A. M. A. is and does.

One of my favorite topics of conversation is the work of our Association in evaluating drugs and therapeutic and diagnostic devices. Before the turn of the century, many worthless drugs and secret remedies were promoted with false or exorbitant claims. Since uniform standards for drugs were lacking and regulatory laws were inadequate, the physician often had difficulty in selecting remedies on which he could rely. To provide physicians with much-needed information on drugs, the A. M. A. in 1905 set up a Council on Pharmacy and Chemistry.

The general purpose of the Council was, and is, to evaluate drugs to and report to the profession on their reliability, proven therapeutic value, and limitations. As might be expected, the ethical pharmaceutical companies welcomed the new Council's scrutiny of their products and praised the A. M. A. for this drug evaluation service. The not-so-ethical firms were equally loud in their denunciation. The new Council, however, proceeded with its work in such a careful and scrupulously fair manner that within a few years Council acceptance was much sought after by the majority of manufacturers.

The Council still follows the method of procedure it adopted in the beginning. A firm wishing Council acceptance of a product must submit specimens of the drug for laboratory examination, evidence in support of proposed claims, and certain other technical information.

The Council office submits all this information, together with data from its own files, to a member of the Council or a consultant who is an authority in the field of the particular product. He prepares a report on the drug, sometimes with the assistance of a staff consultant. This report, together with the firm's presentation, is included in the biweekly Council Bulletin, which goes to all 18 members. Each of them individually considers the evidence and sends to the Council Secretary his comments and any additional information he may have on the product. A symposium of members' opinions is then carried in the next Bulletin, at which time they ballot on the product. A three-fourths majority vote is necessary for acceptance, or the Council may vote to withhold acceptance pending a change in advertising, receipt of additional information, or for other reasons.

The manufacturer is informed immediately of the Council's vote. If the product is acceptable, he may then use the Council's Seal of Acceptance in his advertising, following certain specified rules for its use. In case of rejection, the manufacturer may request reevaluation of the product at a later time.

Once a drug is accepted, a monograph describing its actions and uses is published in THE JOURNAL and is later included in "New and Nonofficial Remedies," the Council's annual authoritative book on drugs. Acceptance reports are also carried in many leading pharmaceutical publications.

Because of these widely-published reports, and because THE JOURNAL and many other scientific journals advertise only Council-accepted drugs, the A. M. A. Council on Pharmacy and Chemistry wields powerful voluntary influence in encouraging the ethical promotion of drugs. While the Council itself does not conduct active campaigns against all worthless drugs, it does investigate many and issues public reports exposing their fraudulent or valueless nature.

The Council established a Committee on Research, which has played a valuable role in coordinating many special drug research projects. It also supervises the granting of certain A. M. A. funds for research.

The pioneer Council on Pharmacy and Chemistry served as a pattern for the establishment in 1925 of the A. M. A. Council on Physical Therapy, later to become the Council on Physical Medicine and Rehabilitation. This Council evaluates therapeutic and diagnostic devices, following much the same procedure for acceptance or rejection as the Council on Pharmacy and Chemistry.

Because of the increasing importance of the field of physical medicine and rehabilitation, the Council will, within the next few months, set up a physical laboratory at A. M. A. headquarters for improved testing of devices. It has also recently added a full-time physician-Secretary to an executive staff composed of a noted physicist and a physician who will direct the new laboratory.

In addition to evaluating therapeutic and diagnostic devices, the Council (1) encourages the development of facilities for training more physiatrists, occupational therapists, and physical therapists; (2) evaluates clinical methods employed in rehabilitation centers and health resorts; and (3) promotes research in biophysics as related to therapeutic and diagnostic devices.

The physicians who serve as members of these two Councils give freely of their time and effort. We of the profession owe a debt of gratitude to these men who so truly live up to the motto of the Council on Pharmacy and Chemistry, "Not for Ourselves, but for Medicine."

One way in which we can further their good work, guard the welfare of our own patients, and support ethical manufacturers—all at the same time— is to use Council-accepted products in our practices.

If we receive no more from our A. M. A. dues than this service in evaluating drugs and devices, with its regulatory effect in both fields, we would be getting an excellent return.

JOHN W. CLINE, M.D., San Francisco.

ORGANIZATION SECTION

INTERNSHIP APPOINTMENTS

The Council on Medical Education and Hospitals has approved the official Co-operative Plan of Internship Appointments sponsored by the National Interassociation Committee on Internships. A schedule of dates in 1951 and 1952 for first-year internships for 1952-1953 is published below for the information of students and hospitals participating in the plan.

1. Sept. 15, 1951. Hospitals and federal services participating return signed agreements and details on internships offered.
2. Oct. 15, 1951. Directory of internships offered by participating hospitals and federal services distributed.
3. Nov. 1, 1951. Seniors return agreements to participate.
4. Nov. 1, 1951 through Jan. 7, 1952. Period for students to make application for internships to hospitals and for medical schools to send to hospitals letters of recommendation and credentials for their seniors. The student should file a copy of his application with the dean's office, as well as one directly with the hospital. The office of the dean will send his copy of the student application along with credentials and letters to the hospital before Jan. 8, 1952.
5. Jan. 7, 1952. Closing date for senior to mail to the central office his confidential rank order list of the internships for which he has applied. The list should be submitted as early as the senior has definitely made up his mind about his exact rank order of the hospitals to which he is applying.
6. Jan. 15, 1952 through Feb. 1, 1952. Student is sent for verification a confirmation copy of his confidential rank order list of internships for which he has applied.
7. Feb. 1, 1952. Each hospital and federal service is sent an alphabetical list of students who report having applied for each type of internship offered.
8. Feb. 15, 1952. Closing date for hospital or federal service to return its list with each student rated. (Early return of these forms is desirable.)
9. March 14, 1952. The results of the plan are sent to hospitals and federal services and students.
10. March 14-31, 1952. Appointments are confirmed by students with hospitals or federal services.
11. March 18, 1952. Should any participating student not be matched by the plan, he will be informed of internship vacancies, and hospitals and federal services will be sent a list of available students. Individual negotiation will then be in order between the hospitals or federal services and these students

MODEL COMMUNITY SURVEY ON CHRONIC ILLNESS

The Commission on Chronic Illness has just published a "Model Community Survey" to serve as a guide for individual communities taking inventory of existing facilities and services in connection with a chronic disease program. Communities all over the nation are taking steps to solve the growing problem of how best to provide for long-term patients. Many have already made thorough studies of the local problems and are planning programs based on the facts revealed. The 81-page survey publication includes a comprehensive outline of programs, services and facilities that might be surveyed—the types of health and welfare activities that some day could be molded into one co-operative community chronic illness program.

Copies of this survey may be obtained from the Commission on Chronic Illness, 535 N. Dearborn St., Chicago 10, for $1. The Commission, now an independent national agency, was founded by the American Hospital Association, American Medical Association, American Public Health Association, and American Public Welfare Association. The present chairman of the Commission is Leonard W. Mayo, New York.

PRESENT CONGRATULATIONS TO NATIONAL BROADCASTING COMPANY

On Sunday, September 23, during a broadcast on a nationwide network of the National Broadcasting Company the network was formally presented with a resolution of congratulations on the 25th anniversary year of the National Broadcasting Company. The resolutions passed by the House of Delegates at the Annual Meeting of the Association in Atlantic City, in June, 1951, were presented by Dr. W. W. Bauer, Director of the Bureau of Health Education. The citation was accepted for the network by Niles Trammell, chairman of the board of the National Broadcasting Company.

The action of the House of Delegates was prompted by the long record of cooperation in health education by radio between the National Broadcasting Company and the American Medical Association, beginning with weekly health talks in 1933 and including such dramatized series as "Doctors at Work," "Doctors at War," "Doctors at Home," "Medicine in the News," and other annual series carried from 1935 through 1949. During the past two years the network has also contributed facilities for special documentary programs on industrial health, school health, atomic medicine, and diabetes.

The occasion of the presentation was another documentary broadcast on Sunday, September 23, from 10:30 to 11 p. m. Eastern Daylight Time. Entitled "Worthy of His Hire," the program was prepared in cooperation with the President's Committee for Employment of the Handicapped, affiliated with the United States Department of Labor. It was a plea for understanding of and employment of handicapped workers.

V 14
1951

FEDERAL MEDICAL LEGISLATION

Armed Forces Reserve

Representative Brooks of Louisiana introduced H. R. 5277, relating to the reserve components of the Armed Forces of the United States.

After weeks of hearings, the House Armed Services Committee has written this bill, which seeks to amend the laws pertaining to the reserve components of the military services. The 74-page bill attempts to equalize the obligations placed on reservists by providing that after three years of satisfactory service in the Ready Reserve, a reservist would be placed in a Standby status on application and protected against further obligation to serve unless a national emergency is declared by Congress. A total of eight years of combined Ready and Standby Reserve service is demanded of all eligible persons. Looking toward the inauguration of a universal military training program, this means that, after six months of basic training, men would be required to serve for a minimum of three years in the Ready Reserve, during which time the President could order them into active service in an emergency. After the third year in the Ready Reserve, if application for release is made, persons would be transferred to the Standby Reserve, where only Congress, after declaring a national emergency, could order them involuntarily into service for the remaining five years of their total eight-year term. The Secretary of Defense is required to designate an assistant secretary whose principal responsibility shall be all reserve affairs of the department. The bill also provides that there shall be no discrimination between and among members of the regular and reserve components in the administration of laws applicable to both regulars and reserves.

This bill brings up-to-date the provisions of H. R. 4667 and H. R. 4860, by the same author and on the same subject.

The summary of federal legislation was prepared by the Washington Office of the American Medical Association.

MEDICAL NEWS

CALIFORNIA

Lane Medical Lectures.—These lectures on proteins and enzymes will be delivered by Kaj Ulrik Linderstrøm-Lang, Ph.D., director of the Carlsberg Laboratory, Copenhagen, Denmark, at 8:15 p. m. in Lane Hall, Stanford University School of Medicine, San Francisco. The schedule is as follows:

Oct. 2, Micromethods in Biological Research.
Oct. 4, Distribution of Enzymes in Tissues and Cells.
Oct. 8, Initial Stages in the Breakdown of Proteins.
Oct. 10, Enzymatic Breakdown of Ovalbumin.
Oct. 12, Synthesis of Proteins in Vivo.

Annual Medical-Surgical Institute.—The San Joaquin Valley Regional Medical and Surgical Institute of the California Medical Association will hold its second annual session Oct. 4-5 at the Hotel Californian in Fresno. This is one of the five regional conventions sponsored by the California Medical Association in its postgraduate program. Speakers are as follows:

Paul A. Gliebe, San Francisco, Differentiation of Organic and Functional Complaints.
Marcus Krupp, San Francisco, Essential Office Laboratory Procedures.
Hilliard J. Katz, San Francisco, Current Concepts in Diagnosis and Treatment of Rheumatic States.
Edwin J. Wylie, San Francisco, Obliterative Diseases of Blood Vessels.
Lewis F. Ellmore, Los Angeles, Treatment of Burns.
Orville F. Grimes, San Francisco, Injuries of the Abdominal Viscera.
Lewis F. Morrison, San Francisco, Common Infections of the Ear, Nose, and Throat.
Edmund W. Overstreet, San Francisco, Recent Developments in Office Gynecologic Treatment.
Donald R. Smith, San Francisco, Differential Diagnosis of Urological Signs and Symptoms.

ILLINOIS

Annual Health Resort Lecture Series.—The second annual North Shore Health Resort lecture series on emotional reactions to stress will be given at the health resort the first Wednesday of each month from October through June (second Wednesday in January). All physicians are invited. The program through December is as follows:

Oct. 3, Lewis L. Robbins, Topeka, Kan., Failure and Frustration.
Nov. 7, Francis J. Gerty, Chicago, Acute Illnesses.
Dec. 5, Vladimir G. Urse, Chicago, Chronic Illnesses.

General Practice Course.—The Illinois Academy of General Practice and the five medical schools in Chicago are sponsoring a postgraduate course beginning Oct. 10 and continuing through Nov. 14, resuming Jan. 9 and running through April 23. The lectures will be for two periods of two hours per week. Registration closes Oct. 1. The fee for members of the academy is $35, for nonmembers $75. The lectures will be held in Chicago, Belleville, Herrin, Alton, Danville, Peoria, Bloomington, Joliet, and Rockford. The curriculum will include gastroenterology, chest diseases and urology, surgery, pediatrics, gynecology, obstetrics and endocrinology, medicine, and dermatology, eye, ear, nose, and throat. For information address Dr. A. I. Doktorsky, chairman, Education Committee, Illinois Academy of General Practice, 7107 S. Jeffery Ave., Chicago.

Chicago

Narcotic Violation.—Dr. Gilbert H. Wynekoop, 4900 Sheridan Rd., was convicted in the United States District Court at Chicago of violation of the federal narcotic law, and on Aug. 14 was sentenced to a term of two years.

Grants for Research.—Seven grants totaling $15,100 have been awarded by the Hematology Research Foundation, 72 E. 11th St., for investigations in leukemia and other blood diseases. Michael Reese Hospital scientists received grants totaling $8,100; Stritch School of Medicine of Loyola University was given $1,500; Dr. Steven O. Schwartz of the Hektoen Institute for Medical Research of the Cook County Hospital, $2,000; Mount Sinai Hospital, $1,500, and Lenox Hill Hospital, New York, $2,000.

Percy Research Foundation.—The Nelson M. Percy Research Foundation, honoring the chief of staff of Augustana Hospital, has been created by the hospital directors and by colleagues of Dr. Percy, who has been associated with the hospital throughout his 50 years of practice. He is also senior attending surgeon at St. Mary of Nazareth Hospital and is professor emeritus of clinical surgery at the University of Illinois.

Physicians are invited to send to this department items of news of general interest, for example, those relating to society activities, new hospitals, education and public health. Programs should be received at least three weeks before the date of meeting

KANSAS

Appoint Acting Dean.—Dr. Edward H. Hashinger, professor of medicine and gerontology, was appointed acting dean of the University of Kansas School of Medicine, Kansas City, effective Sept. 1, succeeding Dr. Franklin D. Murphy, who resigned as dean to become chancellor of the university. After returning from military service in World War I, Dr. Hashinger was appointed to the faculty of the school of medicine in 1921. During World War II he organized the 77th evacuation hospital unit and served as its executive officer and medical chief through the campaigns in North Africa and Italy. He was then assigned as chief of the medical service at Crile General Hospital (U. S. Army), Cleveland.

KENTUCKY

Centennial Meeting of State Society.—The Kentucky State Medical Association will hold its centennial meeting in Columbia Auditorium, Louisville, Oct. 2-4. The scientific program is made up entirely of Kentucky-born or Kentucky-educated physicians, who have distinguished themselves beyond the borders of the state. Out-of-state speakers include the following:

Reuben B. Chrisman Jr., Miami, Fla., Doctors Are Citizens Too.
W. Gayle Crutchfield, Charlottesville, Va., Unilateral Upper Extremity Pain.
Drew W. Luten, St. Louis, Physiological Considerations in Treatment of Congestive Heart Failure.
Otho C. Hudson, Hempstead, L. I., N. Y., Treatment of Fracture of Neck of Femur.
Leonard D. Heaton, San Francisco, Recent Observations on Frostbite.
Fred P. Helm, Austin, Texas, Infant Mortality as Related to the Three Leading Causes of Death.
William R. Wilson, New Haven, Conn., Coeliac Disease.
Hugh G. Jeter, Oklahoma City, Why Anemia?
Elbert DeCoursey, Washington, D. C., Human Injury from Atomic Explosion.
Harry Beckman, Milwaukee, Not in the Thing Itself.
Henry H. Turner, Oklahoma City, Hypogonadism and Infertility in the Male.
Henry W. Cave, New York, Acute Surgical Abdomen.
Daniel C. Elkin, Emory, Ga., Diagnosis and Treatment of Aneurysms and Arteriovenous Fistulas.
Robert P. Kelley, Emory, Ga., Injuries of the Ankle.
Dwight M. Kuhns, Washington, D. C., Tropical Diseases in New Guinea, the Philippines, Japan, and Korea During and Following World War II.
Arthur W. Allen, Boston, Ulcer and Cancer of the Stomach.
Russell L. Cecil, New York, Cortisone and Corticotropin in Treatment of Chronic Arthritis.
Earl E. Gambill, Rochester, Minn., Relapsing Pancreatitis.
Julian Johnson, Philadelphia, Present Status of Cardiac Surgery.
Robert P. Ball, Baton Rouge, La., Angiography.
Arthur L. Juers, Miami, Fla., Deafness: Its Present-day Management.

Dr. John W. Cline, San Francisco, President of the American Medical Association, will give the principal address at the president's luncheon Wednesday at the Brown Hotel on "Problems Confronting Medicine in the Immediate Future." The University of Louisville School of Medicine is holding five class reunions (1901, 1911, 1921, 1931, and 1941) during the centennial. These classes will be recognized at the meeting. In addition to scientific and commercial exhibits, there will be historial exhibits portraying one hundred years of medical developments and progress.

MARYLAND

Postgraduate Lectures in Basic Sciences.—The Postgraduate Committee of the University of Maryland School of Medicine announces a lecture course in basic sciences as they apply to the practice of medicine to be offered beginning Oct. 3. Emphasis will be primarily on developments in the various basic sciences during the past 10 years. Thirty-two two-hour meetings will be held on Wednesdays at 4 p. m., except during university holidays, in Bressler Lecture Hall. Each meeting will consist of a lecture on the topic of the day followed by a period devoted to questions and comments by the members of the group. Lectures will be in the fields of physiology, histology, pharmacology, biochemistry, neuroanatomy, and immunology. Gross anatomy and pathology are not included, since these subjects are already covered by courses now being offered at the university. Tuition is $50. Information may be obtained from the Office of the Postgraduate Committee, 6th floor Bressler Building, 29 South Greene St., Baltimore.

MASSACHUSETTS

Seminar in Pediatric Neuropsychiatry.—A postgraduate seminar in neuropsychiatric disorders of childhood and youth will be held at the Research Laboratory of the Walter E. Fernald School in Waverly from 6 to 7:30 p. m. and 8 to 9:30 p. m., on 10 successive Tuesdays beginning Oct. 2. The seminar, which covers psychoses, mental deficiency, emotional disorders, and cerebral palsy, is open to physicians, especially psychiatrists interested in child psychiatry and pediatricians. It is also open to the auxiliary branches of pediatric neuropsychiatry: workers in the field of psychology, sociology, social work, and special education.

MISSOURI

Anniversary of Tuberculosis Hospital.—The 50th anniversary celebration of the founding of Mount St. Rose Sanatorium, St. Louis, will be observed Oct. 6-7. The hospital is reportedly the first institution of its kind established in the Middlewest for the exclusive care of tuberculous patients. Facilities of the hospital will be shown to the public and exhibits will trace the hospital's history since its founding. The St. Louis Tuberculosis and Health Society will assist in the observance and will have a mobile x-ray unit on the grounds. The Greater St. Louis Community Chest is also participating in the anniversary. In 1928 the sanatorium became affiliated with the St. Louis University.

NEW JERSEY

Clinic for Amputee Children.—A seminar on the causes and rehabilitation of congenital amputations will be held at the Kessler Institute for Rehabilitation, Pleasant Valley Way, West Orange, on Oct. 17 beginning at 9 a. m. It is being held in conjunction with the semiannual free clinic for amputee children. Dr. Harrold A. Murray of Newark will serve as moderator. Among the speakers will be Dr. Douglas P. Murphy, Philadelphia, and Leslie C. Dunn, Sc.D., New York. The afternoon program will be devoted to the individual examination of children by Dr. Henry H. Kessler, medical director of the institute. Parents will be oriented to the problems of congenital defects and given specific instructions for the care of the amputee child at home. Physicians may refer child amputees to the clinic by writing to the medical director of the institute. The seminar is open to pediatricians, obstetricians, gynecologists, orthopedic surgeons, and technical personnel in rehabilitation and limb manufacturing. There is no charge.

NEW YORK

Appoint Safety Consultant.—Mr. Joseph M. Goewey has been appointed as safety consultant, a new position in the New York State Department of Mental Hygiene. The position entails responsibility for developing an advisory service relating to institution safety at the state mental hospitals and state schools. Mr. Goewey has been acting supervisor of the upstate safety division, State Insurance Fund, for 15 years.

Hutchings Memorial Lecturer.—The third annual Hutchings Memorial Lecture will be delivered Oct. 1 at Syracuse University by Dr. Robert A. Cleghorn, associate professor of psychiatry at McGill University Faculty of Medicine, Montreal, Canada, on "The Interaction of Physiological and Psychological Processes in Adaptation." The Hutchings memorial lectures are sponsored by a memorial trust fund committee, together with the Onondaga County Medical Society, Syracuse Academy of Medicine, and Syracuse University College of Medicine.

New York City

Tumor Conferences.—These conferences are being presented by Harlem Hospital beginning in October and extending through May. The schedule is as follows:

Oct. 17, Cushman D. Haagensen, Cancer of the Breast.
Nov. 21, Bentley P. Colcock, Boston, Thyroids.
Dec. 19, Joe V. Meigs, Boston, Cancer of the Cervix.
Jan. 16, Sidney Farber, Boston, Recent Research in the Chemotherapy of Cancer.
Feb. 20, Ira T. Nathanson, Boston, Relation of Hormones to the Therapy of Cancer.
March 19, Joseph E. Rall, Rochester, Minn., Radioactive Iodine in the Study and Treatment of Carcinoma of the Thyroid.
April 16, Arthur Purdy Stout, Tumor of the Pleura.
May 21, Isidore Snapper, Multiple Myeloma.

Postgraduate Lecture.—The Unity Hospital staff of Brooklyn will hear a lecture Oct. 4 at 10:30 a. m. at the hospital on "The Management of Infertility," to be given by Dr. Charles M. McLane of Cornell University Medical College. This instruction is provided by the Medical Society of the State of New York in cooperation with the New York State Department of Health.

TENNESSEE

Postgraduate Course in Electrocardiography.—This course presented by the Memphis Heart Association and open to all physicians in Memphis, Shelby County, and nearby territory, will be given on successive Tuesdays Oct. 2 through Nov. 29 at the University Center in Memphis from 7:30 to 9:30 p. m. Tuition, except for residents and interns, is $15.

Dr. Alden Succeeds Dr. Harrison as Department Head.—Roland H. Alden, Ph.D., formerly head of the department of microscopic anatomy, has been named chief of the division of anatomy at the University of Tennessee Medical Units in Memphis. He succeeds Frank Harrison, Ph.D., who has resigned to join the faculty of the Southwestern Medical School of the University of Texas, Dallas, but will continue as professor of anatomy until December. Dr. Alden has been on the faculty of the university since 1942 and has been professor and head of the department of microscopic anatomy since 1949. Dr. Harrison joined the university staff as an instructor in anatomy in 1938.

VIRGINIA

Annual State Medical Meeting.—The Medical Society of Virginia will hold its annual meeting at the Cavalier Hotel in Virginia Beach Oct. 7-10 under the presidency of Dr. C. Lydon Harrell, Norfolk. Guest speakers include the following:

Winthrop M. Phelps, Baltimore, General Management of the Cerebral Palsy Problem.
Representative Hugh D. Scott, Philadelphia.
Theodore E. Woodward, Baltimore, Bacterial Diseases.
John E. Howard, Baltimore, Diagnosis and Treatment of Spontaneous Hypoglycemia.

A panel discussion Monday at 4 p. m. on "You and Your A.M.A." will be presented by the American Medical Association. Dr. Walter B. Martin, member of the Board of Trustees, will preside. Speakers will be Drs. Henry B. Mulholland, Charlottesville, member of the Council on Medical Service, Louis H. Bauer, Hempstead, N. Y., President-elect, and John T. T. Hundley, Lynchburg, president-elect of the Medical Society of Virginia. Scientific and technical exhibits will be shown. The Woman's Auxiliary will meet in conjunction with the association.

V 147
1951

WEST VIRGINIA

Heart Association Meeting.—The annual meeting of the West Virginia Heart Association will be held at the Hotel Morgan, Morgantown, on Oct. 5 at 2:30 p. m. The scientific session will be opened by Dr. Louis N. Katz, Chicago, president of the American Heart Association, who will speak on the dynamics of pulmonary embolism. Dr. Robert Taylor, Cleveland, will speak on electrolyte and fluid balance. New officers will be elected following the scientific session. The annual dinner will be at 7 p. m.

Warning Against Confidence Man.—The Chamber of Commerce of Weirton reported to the West Virginia State Medical Association that a man using the name of H. H. Griffith has been representing himself as a salesman of medical books of the Pitman Publishing Company of Providence, R. I. He is reported, also, to have used the name Griffith Publishing Company. Those physicians in West Virginia who took advantage of his offer have had their checks cashed but have not received the merchandise. Griffith is about 60 years of age, weighs about 185 pounds, and is 5 feet 7 inches tall. He has gray hair, a florid complexion, and has one upper tooth missing. He has a pleasant manner, a knowledge of medical terms and current events, and is a good conversationalist. He claims to be the father of a World War II aviator who was a companion of Ernie Pyle and who was killed on a raid over Tokyo. The Pitman Publishing Company of New York (not Providence) has notified the Weirton Chamber of Commerce that it does not have a representative by the name of H. H. Griffith, and further, that it does not publish medical books, with the exception of a textbook on medical photography.

GENERAL

Academy of Ophthalmology and Otolaryngology.—The American Academy of Ophthalmology and Otolaryngology will hold its annual meeting at the Palmer House, Chicago, Oct. 14-19 under the presidency of Dr. Derrick Vail, Chicago. At the opening joint session of the specialties Dr. Shields Warren, Boston, has been invited to speak on "The Pathologic Pattern of Atomic Injuries," and Dr. Champ Lyons, Birmingham, Ala., on "Isotopes in Medicine." Invited speakers giving papers before the sections include the following:

Count Hermenegildo Arruga, Barcelona, Spain, guest of honor, Consideration on Surgical Treatment of Retinal Detachment.
W. Morton Grant, Boston, Clinical Tonography.
Gilbert Roy Owen, Los Angeles, The Key Area in the Chronic Mastoid.
Harley E. Cluxton Jr., Chicago, New Concepts in the Use of Corticotropin in Ophthalmology and Otolaryngology.

The Jackson Memorial Lecture will be given Thursday morning by Dr. John H. Dunnington, New York, on "Ocular Wound Healing." In the afternoon Dr. Jerome A. Hilger, St. Paul, will deliver the Wherry Memorial Lecture on "The Autonomic Nervous System." At the annual banquet Wednesday at 7 p. m. Dr. Victor Johnson, director of the Mayo Foundation, Rochester, Minn., will speak on "Problems in Graduate Medical Education." Numerous alumni dinners are scheduled as well as special scientific programs.

Life Insurance Research Grants.—Applications for 1952 grants in aid of research on cardiovascular problems will be received by the Life Insurance Medical Research Fund up to Nov. 15. Support is available for physiological, biochemical, and other basic research which bears on cardiovascular problems, as well as for clinical investigation in this field. It is expected that about $600,000 will be awarded in these grants. Preference will be given to candidates who wish to work in the broad field of cardiovascular function or disease and to candidates who wish to work in institutions other than those in which they have obtained most of their experience. A doctor's degree (M.D. or Ph.D.), or the equivalent, is required. The annual stipend varies, as a rule being between $3,000 and $4,000, with larger amounts in special cases. About 15 new postdoctoral fellowships will be available. New grants and fellowships will become available on July 1, 1952. A number of predoctoral fellowships for basic training in research will also be awarded. Further information and application blanks may be secured from the Scientific Director, Life Insurance Medical Research Fund, 2 East 103rd St., New York 29.

Midwest Meeting of Physicians.—The Midwest Regional Meeting of the American College of Physicians will be held in the Arthur Johnson Auditorium of Ohio State University in Columbus Oct. 13. Those speaking by invitation include the following:

Herman K. Hellerstein, Cleveland, Cardiac Complications During Surgical Operations and Their Control.
William H. Reeder Jr., Albany, Ga., Pulmonary Infiltration with Eosinophilia.
Royal Rotter, Madison, Wis., A Comparison of the Anticoagulants Dicumarol® (Bishydroxycoumarin), Compound No. 63, and Tromexan® (Ethyl Biscoumacetate).
Erwin Levin, Chicago, A Simple Measure of Gastric Secretion in Man and Its Clinical Implications.
Malcolm M. Hargraves, Rochester, Minn., Lupus Erythematosus: Clinicians' Problem.
Gordon S. Stewart, Oak Park, Ill., Ability of the Parathyroid Glands to Regulate Serum Calcium in the Absence of the Kidneys.
Carl Davis Jr., Chicago, Problems of Transplantation of the Kidney in the Dog.

Portable Television Station.—A complete portable television station began a 10-week air tour of Europe Aug. 29 as part of Video Medico, the medical flying caravan. Arranged by E. R. Squibb & Sons International Corporation and operated by Radio Corporation of America engineers, special electronic equipment will bring surgical and clinical demonstrations by television to an estimated 40,000 physicians and members of allied professions in Copenhagen, Stockholm, Brussels, Catania, Turin, Rome, and Milan. The tour in Europe has been arranged with the cooperation of the second International Poliomyelitis Conference (Copenhagen), the fifth general assembly of the World Medical Association (Stockholm), and Laboratories Labaz and Laboratori Palma, Squibb licensees in Belgium and Italy, respectively. The scientific team that will handle the television programs in cooperation with local doctors will include seven RCA engineers and Leonard J. Piccoli, Ph.D., director of professional services of the Squibb overseas laboratories. Squibb and RCA Victor last year conducted a similar tour through South America, demonstrating the new teaching medium before 16,000 members of four leading Latin American medical groups.

Pathologists' Meetings.—The annual meetings of the College of American Pathologists and the American Society of Clinical Pathologists will be held at the Drake Hotel, Chicago, Oct. 15-19. The first day will be devoted to college activities, the second day to joint undertakings, and the remainder of the week to the society's program. The college will hold three panel discussions Oct. 15. They are as follows:

Blue Cross and Blue Shield, Donald H. Kaump, Detroit, moderator, and John L. Lattimore, Topeka, Kan., Frederic E. Elliott, New York, Leo H. Garland, San Francisco, Frank R. Bradley, St. Louis, Henry S. Ruth, Philadelphia, and Mr. Frank E. Smith, Chicago.
Liaison Relationships in Organized Medicine, Theodore J. Curphey, Hempstead, N. Y., moderator, and Ernest B. Howard, Chicago, Leroy E. Burney, Indianapolis, E. Dwight Barnett, Detroit, Herbert R. Brown, Rochester, N. Y., and Maxwell J. Fein, New York.
Handling of Medical Legal Unknowns, Samuel A. Levinson, Chicago, moderator, and Russell S. Fisher, Baltimore, Geoffrey T. Mann, Richmond, Va., Georg K. Neumann, Ph.D., Indianapolis, Clarence W. Muehlberger, Ph.D., East Lansing, Mich., Joseph B. Nicol, M.S., Pittsburgh, and J. W. Holloway Jr., LL.B., Chicago.

Scientific symposiums will be presented jointly by the two societies on Tuesday. The first of these deals with parasitology and will be presented through Dr. Emma S. Moss, New Orleans. In the afternoon a symposium on azotemia will be given, Robert P. MacFate, Ph.D., Chicago, introducing the subject. Detlev W. Bronk, Ph.D., president of Johns Hopkins University, Baltimore, will give the address at the joint banquet of the college and the society Tuesday evening. Dr. Tracy B. Mallory, Boston, will present the Ward Burdick Award contribution of the American Society of Clinical Pathologists Wednesday morning on the clinico-pathologic conference in the evolution of medical practice. Thursday morning a symposium on electrolytes will be presented with Dr. Benjamin B. Wells, Little Rock, Ark., as moderator. Participants will be Drs. Carroll F. Shukers, Owen W. Beard, and Philip J. Alpaden, all of Little Rock.

Cancer Society Nomenclature Manual.—In an attempt to clarify and standardize the complicated terminology of cancer, the American Cancer Society has issued a new book titled "Manual of Tumor Nomenclature and Coding." It will be distributed to cancer clinics and registries, hospitals, health departments,

medical schools, research centers, and to individual pathologists, surgeons, and statisticians. Widespread use of the new tumor code is expected since it will be used in conjunction with the American Medical Association's "Standard Nomenclature of Diseases and Operations" and the World Health Organization's "International Statistical Classification of Diseases, Injuries and Causes of Death." Employment of the code will result in more comprehensive statistical records since it classifies both benign and malignant tumors according to histological origin. Heretofore, most cancer death and incidence records have indicated only the site of tumors. Work on the manual has been in progress since 1948 under the direction of an American Cancer Society statistics committee, Dr. W. Thurber Fales, director of statistics for the City Health Department, Baltimore, chairman.

Prevalence of Poliomyelitis.—According to the National Office of Vital Statistics, the following number of reported cases of poliomyelitis occurred in the United States in the weeks ended as indicated:

Area	Sept. 15, 1951	Sept. 8, 1951	Sept. 16, 1950
New England States			
Maine	5	6	10
New Hampshire	4	4	4
Vermont	..	1	3
Massachusetts	26	21	62
Rhode Island	1	3	2
Connecticut	18	20	51
Middle Atlantic States			
New York	132	128	377
New Jersey	51	43	81
Pennsylvania	54	89	112
East North Central States			
Ohio	80	102	126
Indiana	25	22	43
Illinois	132	108	117
Michigan	110	120	134
Wisconsin	100	106	62
West North Central States			
Minnesota	47	45	45
Iowa	21	31	104
Missouri	79	33	26
North Dakota	9	4	..
South Dakota	14	5	6
Nebraska	38	28	25
Kansas	57	84	43
South Atlantic States			
Delaware	..	..	2
Maryland	11	13	79
District of Columbia	3	7	7
Virginia	14	14	84
West Virginia	10	21	10
North Carolina	18	16	23
South Carolina	17	2	22
Georgia	29	43	32
Florida	10	8	27
East South Central States			
Kentucky	21	27	45
Tennessee	34	63	32
Alabama	29	33	8
Mississippi	26	32	12
West South Central States			
Arkansas	25	28	21
Louisiana	52	100	16
Oklahoma	34	44	22
Texas	87	73	72
Mountain States			
Montana	11	6	..
Idaho	6	10	12
Wyoming	26	13	3
Colorado	67	92	4
New Mexico	6	6	9
Arizona	11	22	12
Utah	49	44	3
Nevada	4	..	1
Pacific States			
Washington	22	20	24
Oregon	14	12	25
California	158	117	106
Territories and Possessions			
Alaska	..*	1	..
Hawaii	1	1	1
United States	1,708	1,871	2,147

* No report received from Alaska.

Additions.—Virginia, 17 cases, delayed report—not allocated to specific weeks. Nevada, 2 cases for week ended Sept. 8.

CANADA

Canadian Psychiatric Association.—This association has been incorporated, and officers were elected at a recent meeting in Montreal. They are Dr. Robert O. Jones, Halifax, Nova Scotia, president, Dr. Charles G. Stogdill, Ottawa, vice-president; Dr. John P. S. Cathcart, Ottawa, secretary, and Dr. Reginald C. M. Hamilton, Ste. Anne de Bellevue, Quebec, treasurer.

Gross Memorial Lecture.—The 14th annual Louis Gross Memorial Lecture will be delivered at the Jewish General Hospital in Montreal, Quebec, under the auspices of the Montreal Clinical Society Oct. 17, 8:30 p. m. by Dr. Myron Prinzmetal of Los Angeles on the auricular arrhythmias.

DEATHS IN FOREIGN COUNTRIES

Ferinand Sauerbruch died in Berlin on July 2, one day before he completed his 76th year. He is perhaps best known for his pioneer work in thoracic surgery. In order to overcome the physiological difficulties of operating within the open thorax, Dr. Sauerbruch developed the low pressure chamber and the excess pressure apparatus. Two-stage thoracoplasty, the basis of the present thoracoplasty operation, was developed by him. It was at Dr. Sauerbruch's clinic and with his method that Nissen achieved the first successful pneumonectomy in 1931. Dr. Sauerbruch also contributed to surgery of the heart. He was, however, a general surgeon. In both World Wars he made important contributions to restorative operations on the disabled. Dr. Sauerbruch had an international reputation; he was a great teacher.

MEETINGS

AMBULATORY FRACTURE ASSOCIATION, Arrowhead Springs Hotel, San Bernardino, Calif., Oct. 8-11. Dr. H. W. Wellmerling, 626 Griesheim Bldg., Bloomington, Ill., Secretary.

AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY, Chicago, Oct. 14-18. Dr. W. L. Benedict, 100 First Avenue Bldg., Rochester, Minn., Executive Secretary.

AMERICAN ACADEMY OF PEDIATRICS, Toronto, Canada, Oct. 20-25. Dr. E. H. Christopherson, 636 Church St., Evanston, Ill., Executive Secretary.

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA. The Seigniory, Montebello, Quebec, Canada, Oct. 23-25. Dr. Charles G. Johnston, 1512 St. Antoine St., Detroit 26, Secretary.

AMERICAN ASSOCIATION OF BLOOD BANKS, Hotel Nicollet, Minneapolis, Oct. 22-24. Miss Marjorie Saunders, 3301 Junius St., Dallas 1, Texas, Secretary.

AMERICAN CANCER SOCIETY, New York, Oct. 25. Dr. Charles S. Cameron, 47 Beaver St., New York, Medical Director.

AMERICAN CLINICAL AND CLIMATOLOGICAL ASSOCIATION, Skytop, Pa., Nov. 5-7. Dr. Marshall N. Fulton, 124 Waterman St., Providence, R. I., Secretary.

AMERICAN COLLEGE OF SURGEONS, Fairmont Hotel, San Francisco, Nov. 5-9. Dr. Michael L. Mason, 40 E. Erie St., Chicago 11, Secretary.

AMERICAN PUBLIC HEALTH ASSOCIATION, Civic Auditorium, San Francisco, Oct. 29-Nov. 2. Dr. Reginald M. Atwater, 1790 Broadway, New York 19, Executive Secretary.

AMERICAN SOCIETY FOR THE STUDY OF ARTERIOSCLEROSIS, Chicago, Nov. 4-5. Dr. O. J. Pollak, Quincy City Hospital, Quincy 69, Mass., Secretary.

AMERICAN SOCIETY OF ANESTHESIOLOGISTS, Washington, D. C., Nov. 5-8. Dr. J. Earl Remlinger Jr., 188 W. Randolph St., Room 909, Chicago 1, Secretary.

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS, Chicago, Oct. 15-20. Dr. Clyde G. Culbertson, 1040 W. Michigan St., Indianapolis 7, Secretary.

AMERICAN SOCIETY OF TROPICAL MEDICINE, Congress Hotel, Chicago, Nov. 15-17. Dr. Quentin M. Geiman, 25 Shattuck St., Boston 15, Secretary.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES, French Lick Springs Hotel, French Lick, Ind., Oct. 29-31. Dr. Dean F. Smiley, 185 N. Wabash Ave., Chicago 1, Secretary.

ASSOCIATION OF LIFE INSURANCE MEDICAL DIRECTORS OF AMERICA, New York, Oct. 11-12. Dr. Henry B. Kirkland, P. O. Box 594, Newark 1, N. J., Secretary.

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES, Palmer House, Chicago, Oct. 8-10. Colonel James M. Phalen, Armed Forces Institute of Pathology, Washington 25, D. C., Secretary.

V 14
1951

CENTRAL NEUROPSYCHIATRIC ASSOCIATION, Hotel Nicollet, Minneapolis, Oct. 19-20. Dr. Lee M. Eaton, 102 Second Ave. S.W., Rochester, Minn., Secretary.

CENTRAL SOCIETY FOR CLINICAL RESEARCH, Drake Hotel, Chicago, Nov. 2-3. Dr. Kenneth G. Kohlstaedt, 960 Locke St., Indianapolis 7, Secretary.

COLLEGE OF AMERICAN PATHOLOGISTS, Chicago, Oct. 15-16. Dr. Tracy B. Mallory, Massachusetts General Hospital, Boston, Secretary.

DELAWARE, MEDICAL SOCIETY OF, Wilmington, Oct. 8-10. Dr. Andrew H. Gehret, 1007 Park Place, Wilmington, Secretary.

DISTRICT OF COLUMBIA, MEDICAL SOCIETY OF THE, Hotel Statler, Washington, Oct. 1-3. Mr. Theodore Wiprud, 1718 M St. N.W., Washington, Secretary.

GULF COAST CLINICAL SOCIETY, Edgewater Gulf Hotel, Edgewater Park, Miss., Oct. 18-19. Dr. C. D. Taylor, 113 Davis Ave., Pass Christian, Miss., Secretary.

INDIANA STATE MEDICAL ASSOCIATION, Indianapolis, Oct. 29-31. Miss Lucille Kribs, 23 E. Ohio St., Indianapolis 4, Actinq Secretary.

INTERSTATE POST GRADUATE MEDICAL ASSOCIATION OF NORTH AMERICA, St. Louis, Oct. 22-26. Dr. Tom B. Throckmorton, Equitable Bldg., Des Moines, Iowa, Secretary.

KANSAS CITY SOUTHWEST CLINICAL SOCIETY, Municipal Auditorium, Kansas City, Mo., Oct. 1-4. Dr. Maxwell G. Berry, 630 Shukert Bldg., Kansas City, Mo., Director of Clinics.

KENTUCKY STATE MEDICAL ASSOCIATION, Columbian Auditorium, Louisville, Oct. 2-5. Dr. Bruce Underwood, 620 S. Third St., Louisville 2, Secretary.

MIDWEST REGIONAL MEETING AMERICAN COLLEGE OF PHYSICIANS, Columbus, Ohio, Oct. 13. Dr. B. K. Wiseman, Kinsman Hall, Ohio State University, Columbus 10, Ohio, Chairman.

NASHVILLE POSTGRADUATE MEDICAL ASSEMBLY, Maxwell House, Nashville, Tenn., Oct. 3-5. Dr. W. G. Kennon Jr., 647 Doctors Bldg., Nashville 3, Secretary.

NATIONAL ASSOCIATION OF CLINIC MANAGERS, Buena Vista Hotel, Biloxi, Miss., Oct. 29-31. Mr. Floyd R. Detert, Marshfield Clinic, Marshfield, Wis., Secretary.

NEW HAMPSHIRE MEDICAL SOCIETY, Equinox House, Manchester, Vermont, Sept. 30-Oct. 2. Dr. Deering G. Smith, 44 Chester St., Nashua, Secretary.

NORTH PACIFIC SURGICAL ASSOCIATION, Vancouver, B. C., Canada, Nov. 16-17. Dr. J. A. Duncan, 509 Olive Way, Seattle, Wash., Secretary.

OKLAHOMA CITY CLINICAL SOCIETY, Biltmore Hotel, Oklahoma City, Oct. 29-Nov. 1. Mrs. Muriel R. Waller, 612 Medical Arts Bldg., Oklahoma City, Executive Secretary.

OMAHA MID-WEST CLINICAL SOCIETY, Hotel Paxton, Omaha, Oct. 29-Nov. 2 Dr. L. E. Moon, 1031 Medical Arts Bldg., Omaha 2, Secretary.

OREGON STATE MEDICAL SOCIETY, Masonic Temple, Portland, Oct. 10-13. Dr. Robert F. Miller, 833 S.W. Eleventh Ave., Portland 5, Secretary.

SOUTHERN MEDICAL ASSOCIATION, Dallas, Texas, Nov. 5-8. Mr. C. P. Loranz, 1020 Empire Bldg., Birmingham 3, Ala., Secretary.

SOUTHWESTERN MEDICAL ASSOCIATION, El Paso, Texas, Oct. 18-20. Dr. W. W. Schuessler, 1415 First National Bank Bldg., El Paso, Texas, Secretary.

VERMONT STATE MEDICAL SOCIETY, Equinox House, Manchester, Sept. 30-Oct. 2. Dr. James P. Hammond, 542 Main St., Bennington, Secretary.

VIRGINIA, MEDICAL SOCIETY OF, Virginia Beach, Oct. 7-10. Mr. Richard H. Nash, 1105 W. Franklin St., Richmond, Executive Secretary.

WISCONSIN, STATE MEDICAL SOCIETY OF, Hotel Schroeder and Milwaukee Auditorium, Milwaukee, Oct. 1-3. Mr. Charles H. Crownhart, 704 E. Gorham St., Madison 3, Secretary.

INTERNATIONAL

COMMONWEALTH AND EMPIRE HEALTH AND TUBERCULOSIS CONFERENCE, Central Hall, London, England, July 8-13. Dr. J. H. Harley Williams, Tavistock House North, Tavistock Sq., London, W.C.1, England, Secretary General.

EUROPEAN CONGRESS OF HEMATOLOGY, Rome, Italy, Oct. 3-6. Dr. Sven Moeschlin, Mediz Klinak, Zurich, Switzerland, General Secretary.

INTER-AMERICAN CONGRESS OF SURGERY, Buenos Aires, Argentina, Oct. 1-6.

INTERNATIONAL CONGRESS ON MENTAL HEALTH, Mexico City, Mexico, Dec. 11-19. Mrs. Grace E. O'Neill, Division of World Affairs, National Association on Mental Health, 1790 Broadway, New York 19, N. Y.

INTERNATIONAL CONGRESS ON NEUROPATHOLOGY, Rome, Italy, Sept. 8-13. Dr. Armando Ferraro, 722 W. 168th St., New York, N. Y., U. S. A., Secretary.

INTERNATIONAL CONGRESS OF PHYSICAL MEDICINE, London, England, July 14-19. Dr. A. C. Boyle, 45, Lincoln's Inn Fields, London, W.C.2, England, Hon. Secretary.

PAN AMERICAN CONGRESS OF OPHTHALMOLOGY, Mexico City, Mexico, Jan. 6-12. Dr. Luis Sanchez Bulnes, Gomez Farias 19, Mexico 4, D.F., Secretary-General.

PAN AMERICAN CONGRESS OF PEDIATRICS, Montevideo, Uruguay, Dec. 5-8. Dr. Maria Luisa Saldien de Rodriguez, Avenida 18 de Julio, 1246, Montevideo, Uruguay, General Secretary.

PAN PACIFIC SURGICAL ASSOCIATION CONGRESS, Honolulu, Hawaii, Nov. 7-19. Dr. Forrest J. Pinkerton, Suite 7, Young Bldg., Honolulu, Hawaii, President.

EXAMINATIONS AND LICENSURE

BOARDS OF MEDICAL EXAMINERS

ALABAMA: *Examination.* Montgomery, June 24-26, 1952. Sec., Dr. D. G. Gill, 537 Dexter Ave., Montgomery 4.

ARKANSAS:* *Regular.* Little Rock, Nov. 8-9. Sec., Dr. Joe Verser, Harrisburg.

COLORADO:* *Reciprocity.* Denver, Oct. 9. Final date for filing application is Sept. 24. Ex. Sec., Mrs. Beulah H. Hudgens, 831 Republic Bldg., Denver 2.

GEORGIA: Atlanta, June, August, Oct. 9-11. Sec., Mr. R. C. Coleman, 111 State Capitol, Atlanta.

GUAM: The Commission on Licensure will meet whenever a candidate appears or submits his credentials. Ex. Sec., Dr. John Y. Battenfield, Agana.

ILLINOIS: Chicago, Oct. 9-11. Superintendent of Registration, Mr. Charles F. Kervin, Capitol Building, Springfield.

INDIANA: Indianapolis, June 1952. Sec., Dr. Paul R. Tindall, 1138 K of P Bldg., Indianapolis 4.

KANSAS: Topeka, Dec. 12-13. Sec., Dr. O. W. Davidson, 772 New Brotherhood Bldg., Kansas City.

KENTUCKY: *Examination.* Louisville, Dec. 11-13. Sec., Dr. Bruce Underwood, 620 S. 3rd St., Louisville.

MARYLAND: *Examination.* Baltimore, Dec. 11-14. Sec., Dr. Lewis P. Gundry, 1215 Cathedral St., Baltimore.

MICHIGAN:* *Examination.* Lansing, Oct. 10-12. Sec., Dr. J. Earl McIntyre, 202-4 Hollister Bldg., Lansing.

MINNESOTA: * Minneapolis, Oct. 16-18. Sec., Dr. Julian F. DuBois, 230 Lowry Medical Arts Bldg., St. Paul 2.

MISSISSIPPI: *Reciprocity.* Jackson, December. Asst. Sec., Dr. R. N. Whitfield, Old Capitol Bldg., Jackson.

MISSOURI: *Examination.* Kansas City, Oct. 18-20. *Reciprocity.* Oct. 17. Exec. Sec., Mr. John A. Hailey, State Capitol Bldg., Jefferson City.

NEW JERSEY: *Examination.* Trenton, Oct. 16-19. Sec., Dr. E. S. Hallinger, 28 W. State St., Trenton.

NEW MEXICO:* Santa Fe, Oct. 8-9. Sec., Dr. Charles J. McGoey, Coronado Bldg., Santa Fe.

NEW YORK: *Examination.* Albany, Buffalo, New York and Syracuse, Oct. 31-Nov. 3. Sec., Dr. Jacob L. Lochner, Jr., 23 S. Pearl St., Albany.

NORTH CAROLINA: *Examination.* Asheville, Oct. 7-8. *Reciprocity.* Asheville, Oct. 8. Sec., Dr. Joseph J. Combs, Professional Bldg., Raleigh.

OHIO: *Examination.* Columbus, December. *Reciprocity.* Columbus, Oct. 2. Sec., Dr. H. M. Platter, 21 W. Broad St., Columbus 15.

OREGON:* *Reciprocity.* Portland, Oct. 12-13. *Examination.* Portland, Jan. 1952. Ex. Sec., Mr. Howard I. Bobbitt, 609 Failing Bldg., Portland.

SOUTH CAROLINA: *Reciprocity.* Columbia, Oct. 1. Sec., Dr. N. B. Heyward, 1329 Blanding St., Columbia.

SOUTH DAKOTA:* *Examination.* Sioux Falls, Jan. 15-16. Ex. Sec., Mr. John C. Foster, 300 First National Bank Bldg., Sioux Falls.

VIRGIN ISLANDS: Charlotte Amalie, Nov. 7-8. Sec., Dr. Earle M. Rice, St. Thomas.

WYOMING: *Examination.* Cheyenne, Oct. 1. Sec., Dr. Franklin D. Yoder, State Capitol, Cheyenne.

BOARDS OF EXAMINERS IN THE BASIC SCIENCES

CONNECTICUT: *Examination.* New Haven, Oct. 13. Exec. Asst., Miss Mary G. Reynolds, State Board of Healing Arts, 110 Whitney Avenue, New Haven 10.

DISTRICT OF COLUMBIA: *Examination.* Washington, Oct. 22-23. Sec., Dr. Daniel L. Seckinger, 4130 E. Municipal Bldg., Washington.

FLORIDA: Gainesville, Nov. 10. Sec., Mr. M. W. Emmel, Box 340 University of Florida, Gainesville.

MICHIGAN: Detroit and Ann Arbor, Oct. 12-13. *Examination.* Sec., Miss Eloise LeBeau, 501 W. Michigan Ave., Lansing 15.

MINNESOTA: *Examination.* Minneapolis, Oct. 2-3. Sec., Dr. Raymond N. Bieter, 105 Millard Hall, University of Minnesota, Minneapolis.

NEBRASKA: *Examination.* Omaha, Oct. 2-3. Director, Bureau of Examining Boards, Mr. Oscar F. Humble, Room 1009, State Capitol Bldg., Lincoln 9.

OREGON: *Examination.* Portland, Dec. 1. Sec., Dr. Charles D. Byrne, State Board of Higher Education, University of Oregon, Eugene.

SOUTH DAKOTA: *Examination.* Vermillion, Dec. 7-8. Sec., Dr. Gregg M. Evans, 310 E. 15th St., Yankton.

TEXAS: *Examination.* Austin, Oct. 19-20. Chief Clerk, Mr. B. H. Kirk, 306 Nalle Bldg., Austin.

* Basic Science Certificate required.

DEATHS

Kretschmer, Herman Louis ✱ a former President and Treasurer of the American Medical Association, died at his home in Chicago, September 23, aged 72, of acute ventricular failure. Dr. Kretschmer was born in Chicago on April 22, 1879. He received the degree of doctor of medicine from Northwestern University Medical School in 1904 and graduated from the university school of pharmacy in 1900. He became clinical professor of surgery at Rush Medical College, urologist at Presbyterian Hospital, consulting urologist to the Children's Memorial Hospital, and was on the staff of the Veterans Administration Hospital in Hines, Ill. In September, 1945, Dr. Kretschmer became clinical professor of urology at the University of Illinois College of Medicine, serving until September, 1947, when he became clinical professor of urology, emeritus. He had resigned as attending genitourinary surgeon to the Alexian Brothers Hospital in 1926. He served as chairman (1923-1924) and secretary (1920-1923) of the Section on Urology of the American Medical Association, president of the American Urological Association, the American Association of Genito-Urinary Surgeons, and the Clinical Society of Genito-Urinary Surgeons. His leadership was also recognized by membership in the International Society of Urology and his election to corresponding membership in the German and Hungarian urologic associations. He was one of the organizers of the American Board of Urology in September, 1934, and had served continuously as its president until 1945. He was a fellow of the American College of Surgeons and was an honorary life member of the Toledo Academy of Medicine. He was president of the Chicago Medical Society in 1931 and served for years as a member of its council. He was president in 1948 of the Interstate Post Graduate Medical Association of North America and member of the board of governors of the Institute of Medicine, of which he had been president. He was a member of the Western Surgical Association, Association for the Study of Internal Secretions, American Radium Society, American Social Hygiene Association, American Association for the Advancement of Science, Association of Military Surgeons of the United States, and the Society of Medical History of Chicago. In 1942 Dr. Kretschmer was presented an award of merit from Northwestern University in recognition of worthy achievement that had reflected on Northwestern, and two years later was granted an honorary doctor of science degree. He was a captain in the medical corps of the U. S. Army during World War I, and at the time of his death was a member of the board of honorary consultants of the Army Medical Library. He was a member of the National Research Council and as chairman of the subcommittee on urology was responsible for the manual of war surgery on urology. In 1930 he delivered the Mayo Foundation Lecture on urology at Rochester, Minn., the Lower Lecture before the Academy of Medicine of Cleveland in November, 1944, the Belfield Memorial Lecture of the Chicago Urological Society in October, 1950, and the fourth Peter T. Bohan Lecture at the University of Kansas Medical School in November, 1950. He was a member of the board of trustees of the Chicago Latin School and of the Harris Schools, serving as president of the latter. In 1944 Dr. Kretschmer received the honorary degree of doctor of science from Marquette University School of Medicine in Milwaukee and in 1949 was awarded the Cross of the Chevalier of the Legion of Honor of France in behalf of his contributions to medicine and his efforts in having the Pasteur monument placed in Convalescent Park, Chicago, opposite the Cook County Hospital. He was author of many scientific articles and in 1945 was elected chairman of the board of editors of the *Journal of Urology*.

HERMAN LOUIS KRETSCHMER, M.D., 1879-1951

Kelly, William Webber ✱ Green Bay, Wis.; born Dec. 7, 1876; University of Bishop College Faculty of Medicine, Montreal, Canada, 1903; past president of the state board of health and the Brown County Medical Society; served as president of the city board of education and as director and physician of the Green Bay Packers football team; fellow of the American College of Surgeons; affiliated with St. Mary's, St. Vincent's and Bellin Memorial hospitals; formerly a member of the board of visitors and the board of regents of the University of Wisconsin in Madison; died Aug. 3, aged 74, of coronary thrombosis.

Bass, Albert Leonard, Louisville, Ky.; University of Louisville Medical Department, 1912; specialist certified by the American Board of Otolaryngology; member of the American Medical Association and American Academy of Ophthalmology and Otolaryngology; fellow of the American College of Surgeons; served during World War I; formerly on the faculty of his alma mater; affiliated with Louisville General, Children's, Kosair Crippled Children, St. Anthony's, and Kentucky Baptist hospitals and Norton Memorial and St. Joseph infirmaries; died July 18, aged 64.

Lee, James Francis ✱ Mount Vernon, Ohio; Starling Medical College, Columbus, 1897; died June 29, aged 74, of coronary occlusion and pneumonia.

Null, Harry Olen, Chattanooga, Tenn.; Chattanooga Medical College, 1907; also a pharmacist; for many years county physician; affiliated with Erlanger Hospital; died June 23, aged 85.

Seid, Reuben, Chicago; University of Illinois College of Medicine, Chicago, 1927; member of the American Medical Association; died July 8, aged 53, of coronary occlusion.

CORRECTION

Dr. Orenstein Not Dead.—The obituary notice of Dr. Archie Orenstein of Hilo, Hawaii, published in THE JOURNAL, Sept. 1, p. 75, was in error. It was Dr. Orenstein's son, Morton T. Orenstein, who was killed in an airplane crash.

✱ Indicates Fellow of the American Medical Association

V 14
1951

GOVERNMENT SERVICES

CIVIL DEFENSE ADMINISTRATION

FCDA Policy on Construction of Hospitals.—FCDA has announced that its policy on hospital construction will be as follows:

1. To encourage the location of new hospital facilities outside or on the periphery of the designated critical target areas, or if within such designated critical target areas, in positions appropriately removed from concentrations of other elements that constitute profitable enemy targets, in order to minimize expenditures for shelters and other protective features required in target areas.

2. To foster, when the proper authorities determine that new hospital facilities are required in a critical target area, the incorporation of essential shelters and other protective features in such facilities. FCDA may contribute to the cost of such shelters and protective facilities.

3. To encourage the construction of essential shelters and protective facilities in existing hospitals in critical target areas, and to make contributions toward the cost of shelters and other protective features.

DEPARTMENT OF DEFENSE

Induction of Medical Officers for August and September Postponed.—The planned induction of 333 Priority I medical officers originally scheduled for August, and once delayed temporarily, has again been delayed at the request of the Department of Defense. In addition, the scheduled induction of 152 Priority I medical officers for September also has been temporarily postponed.

The Department of Defense emphasized that the request was based entirely on a sustained volunteer rate of doctors applying for Reserve Commissions in the Armed Forces, and does not represent a reduction in requirement for medical officers.

Future induction of Priority I medical officers is dependent on the volunteer rate. If the number of doctors applying for reserve commissions in the Armed Forces is not sufficient to fill requirements, it will be necessary to make up the shortage by induction.

Priority I doctors are those who received their medical education at government expense, or were deferred from service during World War II to attend medical school, and who have served less than 90 days in the Armed Forces, the Coast Guard, or the United States Public Health Service.

PUBLIC HEALTH SERVICE

Ultrasonics in Sewage Disposal.—Sound waves may be a means of reducing water pollution, according to Mark D. Hollis, assistant Surgeon General of the Public Health Service. The possibility was reported by Walter Lyon, a Public Health Service engineer, in the *Sewage and Industrial Wastes Journal* of September, 1951. His report on experiments conducted at Johns Hopkins University states that high frequency sound vibrations, beyond human audibility, appear to speed up the process of settling solids out of sewage. Practical application of the phenomenon will depend upon further technical development, Mr. Lyon said.

Hospital Construction.—By June 30, 1951, the Public Health Service approved 1,580 applications for the construction of hospitals, health centers, and other related facilities under the Hill-Burton Hospital Survey and Construction Act. The estimated cost of these projects is almost $1,186,000,000, of which the Federal share is over $424,000,000. Hospital beds provided by construction projects approved by June 30 will total nearly 76,000. Approximately 60% of the projects are for completely new facilities; additions or alterations to existing facilities comprise the remaining 40%. There were 709 new hospitals among the new construction projects and 235 health centers and other related hospital facilities.

The majority of new projects are for health centers and for hospitals with less than 100 beds in communities with less than 5,000 population, while most of the alterations and additions to existing facilities are for hospitals with 100 or more beds in larger cities.

Microbiological Research Program.—The Microbiological Institute of the National Institutes of Health, has awarded 102 research grants amounting to $1,088,952 for study of the therapy, epidemiology, and microbiology of a variety of diseases including tuberculosis, encephalitis, leprosy, amebiasis, schistosomiasis, malaria, Q fever, meningitis, and fungus diseases. Other studies will be made on basic problems of the growth mechanism and action of bacteria and viruses.

U. S. ATOMIC ENERGY COMMISSION

AEC to Resume Operations at Nevada Test Site.—The Atomic Energy Commission will resume test operations in the near future at its Nevada test site near Las Vegas, according to Carroll L. Tyler, manager of the Commission's Santa Fe operations' office. Mr. Tyler further said:

> The Atomic Energy Commission has authorized a program of experimental detonations of both ordinary high explosives and nuclear explosives to begin in the near future. . . . The site will be used periodically. Individual experiments and series of tests will be conducted as required. All tests will be under controlled conditions. As was demonstrated during the test program in Nevada earlier this year, there will be adequate safety provision.
>
> Off-site radiation above normal levels which resulted from the previous Nevada tests was far below the levels which could be harmful to humans, animals or crops. Similar radiation levels which are slightly above normal may be anticipated following some experiments. This will occur not only in Nevada but also in other sections of the country. All necessary precautions, including radiological surveys and patrolling of the surrounding territory, will be undertaken to insure that safe conditions are maintained.

MISCELLANEOUS

To Lecture in Pakistan.—The state department announced that Dr. Ulysses Grant Dailey, Chicago, has been selected to tour Pakistan for three months, giving lectures and holding clinics for the surgical profession and for medical students there. Dr. Dailey is former chief of the surgical department at Provident Hospital, and is now consultant to the department. He is an assistant editor of the *Journal of the International College of Surgeons*, and is a fellow of both the International College of Surgeons and the American College of Surgeons. A graduate of Northwestern University, he taught anatomy at Northwestern for a number of years and did postgraduate work in Paris, Berlin, and Vienna. He plans to leave Oct. 1 and return Feb. 1, concentrating his activities in Karachi and Lahore in western Pakistan, and Dacca in eastern Pakistan.

Children's Bureau.—Approximately 215,000 children received diagnostic service or treatment under state crippled children's programs during 1950, an increase of 35,000, or 18%, over the 1949 record. This record included the largest number of children (40,000) ever hospitalized by state crippled children's agencies in these federally-aided programs conducted under the Social Security Act. The average length of hospital stay was 36 days per child, as against 53 days in the year 1943, which had the peak record. The shorter hospital stay required was attributed to earlier detection and treatment, use of antibiotics, and increased knowledge of treatment for crippling conditions.

FOREIGN LETTERS

DENMARK

Danish Vital Statistics.—The Danish Ministry of Health has published some vital statistics for 1949 and 1950. The "normal" incidence, based on the records of previous years, of certain diseases is given in parentheses. In 1950, there were only 17 cases of typhoid (40) and only 42 cases of paratyphoid (120). Epidemic encephalitis decreased to 13 (30), and diphtheria to 61 (1,350), a decline foreshadowing the complete extinction of this disease in the near future. Puerperal fever decreased to 65 (240), and congenital syphilis to 24 (40). These figures are to some extent counterbalanced by the following figures: In 1950, acute poliomyelitis with paralysis increased to 316 (50), measles to 63,745 (2,700), pertussis up to 18,133 (14,800), and influenza up to 255,630 (151,000). In the same year lobar pneumonia was practically doubled, with 7,457 cases (3,700). Gonorrhea increased only slightly, but acquired syphilis increased to 743 (515). Delirium tremens, with 23 cases, was more than doubled (10).

The general mortality in 1950 was 9.2 per 1,000 inhabitants, compared with 8.9 in 1949. There was an improvement in infant mortality, which was 31 per 1,000 live births in 1950, compared with 34 in 1949. During the last 12 years infant mortality in Denmark has been halved, a remarkable achievement which may be still further improved on in 1951, to judge by the data already available for the first part of this year. Copenhagen is ahead of the rest of Denmark in this respect and has always been so. A classification of the deaths in 1949 and 1950, respectively, according to the diseases causing them, shows remarkable fluctuations. Thus in 1949 there were as many as 137 deaths from pertussis, whereas in 1950 there were only 17. Deaths from pulmonary tuberculosis decreased from 672 in 1949 to 528 in 1950, and death from other forms of tuberculosis decreased from 111 to 76. As was to be expected, the deaths from cancer were approximately equal (6,634 in 1949 and 6,654 in 1950). The reduction in the number of suicides from 1,051 to 998 may possibly reflect improved treatment in cases of poisoning. Deaths from diseases of the nervous system and heart rose between 1949 and 1950. There is now one physician to every 960 inhabitants in Denmark.

New Danish Publications.—Reference has already been made in these columns to the *Index Medicus Danicus,* published by the well-known Ejnar Munksgaard firm. The same publishers have also begun to issue two new quarterlies of interest to both doctors and book lovers. The first is *Centaurus, International Magazine of the History of Science and Medicine.* The chief editor, Jean Anker, head of the University Library in Copenhagen, is assisted by A. G. Drachmann, E. Gotfredsen (professor of the history of medicine at the University of Copenhagen), and M. Pihl. Twenty-nine authorities from different parts of the world, including H. R. Viets of Boston and Douglas Guthrie of Edinburgh, are on the editorial board. The original articles in *Centaurus* are to be published in English, French, and German, and the annual subscription rate is 40 Danish kroner.

The other quarterly, also costing 40 Danish kroner (publication by Munksgaard began in 1950), is entitled *Libri;* its main object is to serve librarians and other book lovers. Jean Anker is chief editor of this journal also. Among the original articles in the first issue is one by Kleberg on bibliophiles in ancient Rome.

Leocillin, a New Penicillin Derivative.—In 1950, K. A. Jensen and collaborators published an account of leocillin, a new penicillin derivative. The journal of the Danish Medical Association, *Ugeskrift for Laeger,* for Aug. 9, 1951, is largely devoted to this subject, an editorial article serving as an introduction to three original articles. In the first two, experimental and clinical observations are reported. The action of the soluble hydrochloride of leocillin was compared with that of penicillin and the action of a comparatively insoluble leocillin was compared with that of procaine penicillin in guinea pigs. Healthy young human beings were tested with 300,000 units of leocillin and procaine penicillin in order that the concentration of the two in the serum might be compared. The encouraging results of these tests led to the administration of leocillin in a single dose of 600,000 units to 25 patients with pneumonia. Relapse occurred only in an 86-year-old patient, who recovered after a second injection of the same dose. Though these findings suggest that a single large dose of leocillin may be relied on to effect a cure, it is probable that the treatment may have to be repeated when pneumonia has developed as a sequel to chronic bronchitis. It may be claimed for leocillin that it is the first penicillin derivative showing a specific action on certain organs. The comparatively high concentration of the antibiotic in the lungs and sputum, and in lesser degree in the brain, suggests that it may prove especially useful in chronic diseases of the lungs in which earlier penicillin preparations have failed to reach a sufficiently high concentration. The third article, by J. C. Nielsen, gives an account of the treatment of acute suppurative otitis media treated with procaine penicillin and a combination preparation known as dipenicillin. The results achieved in 57 cases suggested that dipenicillin is more effective than the earlier preparation.

Progress of BCG Vaccination in Denmark.—In a recent survey of the development of BCG vaccination in Denmark, Dr. Knud Winge of Copenhagen has cited some instructive figures. The school children of Copenhagen have been systematically tested with tuberculin since 1937, and since 1943 negative reactors at the school-leaving age have been offered BCG vaccination. Between Oct. 1, 1948, and March 31, 1949, five physicians went from one school to another to give this treatment. Altogether some 39,000 tuberculin-negative pupils, or about 70% of all who were tuberculin-negative, were thus treated. Since this vaccination was carried out there has been a sharp decline in the number of notifications of pulmonary tuberculosis in children between the ages of 5 and 14. In 1948 there were 158 notifications of pulmonary and hilar tuberculosis. In 1949 there were only 84 such new cases, and in 1950 this number was further reduced to 52. In none of these 52 cases had the children been vaccinated with BCG. During the same period there has been a decided reduction in the number of children requiring admission to tuberculosis hospitals. BCG vaccination is now being offered children under school age and to all infants born in the municipal maternity hospitals in Copenhagen. Not one fatal case of tuberculous meningitis, miliary tuberculosis, or pulmonary tuberculosis has occurred throughout the period 1935-1950 among children vaccinated with BCG and known to the central tuberculosis authorities as belonging to an infectious environment.

ISRAEL

Sickle Cell Disease Among Oriental Jews.—The present mass immigration to Israel, with its host of problems, challenges medicine but also provides medical research with a multitude of opportunities. F. Dreyfuss of the Hadassah Hebrew University Medical School, Jerusalem, has undertaken a study of the incidence of sickle cell disease and of thalassemia (familial erythroblastic anemia, or Cooley's anemia) among the various ethnic groups of Jews and others in the Middle East. As published in *Nature,* he and his co-workers, G. Mundel and M. Benyesch, have found that the Yemenite Jewish community contains a fair number of carriers of the sickle cell trait. In the first series of examinations at the Hadassah Childrens' Hospital at Rosh-haAyin, 20 children, among 188 examined (10.6%), mostly Yemenites, were found to have sickle cells. One child may have had sickle cell anemia. They discovered several instances of the sickle cell trait among members of other Oriental Jewish communities. Admixture of Negro blood, for various reasons, is most improbable in these groups. Taking into consideration reports on the occurrence of sickling in other Mediterranean countries, these workers assume that a new reservoir of the sickling gene—a non-Negro, Mediterranean source—has been found.

The items in these letters are contributed by regular correspondents in the various foreign countries.

V 14
1951

CORRESPONDENCE

UNDECYLENIC ACID IN PSORIASIS

To the Editor:—Drs. Rattner and Rodin, in their article "Treatment of Psoriasis with Undecylenic Acid by Mouth" (*J. A. M. A.* **146:**1113 [July 21] 1951) state, "Although he [Dr. Perlman] emphasized the preliminary character of the report, there was no mistaking Perlman's enthusiasm over the results that were obtained, and this same note of satisfaction ran through his two subsequent reports." The second paper quoted, by I. L. Milberg and me, was issued from the Skin and Cancer Unit of the New York Post-Graduate Medical School and Hospital. The clinical results were as follows: "Of 40 psoriatic patients with cutaneous lesions, 12 showed unequivocal improvement during treatment, 15 were somewhat improved, 10 evidenced no change, and 3 had distinct aggravation of the disease. Seven of the eight patients with psoriatic arthropathy noted relief from pain." While I participated in the survey of the clinical material, the statistics were independently compiled; accordingly such enthusiasm as was then displayed was shared by those who participated in the work and the preparation of the paper.

Reference is made to an article by Drs. L. P. Ereaux and G. E. Craig on "The Oral Administration of Undecylenic Acid for the Treatment of Psoriasis" (*Canad. M. A. J.* **61:**361, 1949), but relevant quotation is not made of what they state in their summary: "We are sufficiently impressed with the results obtained in the treatment of psoriasis to continue with the internal administration of undecylenic acid, alone and combined with topical therapy."

Of course, undecylenic acid like any other drug may produce undesirable side-effects or reactions, and, in the light of reports since the first papers appeared, the dosage as originally suggested for undecylenic acid should be reduced. But, the number of cases of clinical improvement of psoriasis observed with the administration of undecylenic acid, which in many instances failed to respond to the customary therapy, suggest that the improvement could scarcely have been mere chance, but should be attributed to the action of the drug, in spite of the vagaries of the disease, which are well known. Indeed, as Drs. Rattner and Rodin themselves state, "There has been no one drug or individual method of treatment that will cure psoriasis or even afford control of the disease in all cases with any degree of certainty." It is this very difficulty that would warrant that any relatively safe drug, carrying hope of therapeutic effectiveness in recalcitrant psoriasis, should be given an unbiased trial before it is declared worthless.

I, too, have been disappointed by the many failures that I have experienced with undecylenic acid, and my own results have not been consistent. At the Chicago meeting I clearly stated, "While many dermatologists have had unfavorable results with the use of undecylenic acid for psoriasis, others have had equally good results."

Publicity given the subject in several health columns in newspapers was utterly unsought. In my papers I laid no claim to, nor professed to reach any conclusion as to, the efficacy of undecylenic acid in psoriasis, and I merely recorded my observations, which I felt would interest the medical profession. Since my reports were sufficiently safeguarded by provisos against too sanguine an interpretation, it is unfortunate that they should now be laden with implications which the texts were not intended to convey and that I should be identified with attitudes that were never mine.

Final judgment as to the therapeutic merit of undecylenic acid in the management of psoriasis will necessarily rest with the members of the profession, particularly those of our specialty in whose disposition for fairness and unbiased decision for the good of all concerned I have utmost confidence.

HENRY HARRIS PERLMAN, M.D.,
1726 Pine St.,
Philadelphia.

ADRENOCORTICOTROPIC ACTIVITY OF PLASMA

To the Editor:—The adrenocorticotropic activity of human blood plasma has been tested with different techniques in hypophysectomized rats, but partially conflicting results have been obtained. Generally normal or boiled serum (Taylor, A. B.; Albert, A., and Sprague, R. G.: *Endocrinology* **45:**335, 1949. Golla, Y. M. L., and Reiss, M.: *J. Endocrinol.* **3:**5, 1942.) and acetonic extracts of plasma or serum were used (Bornstein, J., and Trewhella, P.: *Lancet* **2:**678, 1950. Cooke, D. S.; Graetzer, E., and Reiss, M.: *J. Endocrinol.* **5:**89, 1948). Since inactivation or losses of hormone might occur with these techniques, thus accounting for the inconsistency of the results so far reported, the adrenocorticotropic activity of the same samples of normal unfractionated blood plasma has been investigated immediately and 4 and 12 hours later, with the ascorbic-acid-depletion method (Sayers, M. A.; Sayers, G., and Woodbury, L. A.: *Endocrinology* **42:**379, 1948).

The volume of plasma injected in hypophysectomized rats was 0.5 ml. per 100 gm. of body weight; two or three animals were used in every assay. The blood of eight men was tested. Mean falls in ascorbic acid concentration from 36.6 to 66.8 mg. per 100 gm. of fresh tissue were obtained when heparinized blood plasma was injected immediately after quick centrifugation at 4 C. The calculated average is 54.9 ± 3.48, corresponding to 160 micrograms of hormone per 100 ml. of plasma (the hormone for preparing the dose-response curve was sent by Dr. C. H. Li). After four hours at 18 to 20 C., the average activity was decreased 49%; after 12 hours the activity had almost disappeared.

A lower adrenocorticotropic activity (of about 39%) was found when the fractionated plasma, prepared according to Bornstein and Trewhella, was tested.

The present experiments show (1) that adrenocorticotropic activity is found in normal human blood and (2) that losses might occur when the tests are made with fractionated plasma or unfractionated plasma left for some time at room temperature.

L. MONTANARI
M. MARTINELLI
C. A. ROSSI
G. MORUZZI
Istituto di Biochemica, Bologna, Italy.

PSYCHOTHERAPY IN CANCER PATIENTS

To the Editor:—In their interesting article "The Psychological Management of Cancer Cases" (J. A. M. A. **146:**1547 [Aug. 25] 1951), Drs. Kline and Sobin conclude with the remark "Other techniques, such as hypnosis and intensive psychotherapy, are valuable in some cases." I want to draw attention to the following illustrative case: In 1943, a patient was transferred to a state mental hospital, apparently in pain. He was restless, did not appear interested in his family, and was totally absorbed in his symptoms. In various other hospitals observers had found it difficult to believe "that such severe pain would have existed for three weeks." His complaints were thought to be psychoneurotic, hypochondriacal, and the like. He had had an electric shock treatment in a private hospital. In the state hospital the psychotherapeutic efforts stressed the necessity of relaxing and forgetting his personal problems and his preoccupation with his body. Under such psychotherapeutic guidance and without receiving any potent medication, he soon showed increasing improvement in his general attitude and behavior, became much less plaintive and whining and worked regularly at occupational therapy. He was observed talking freely and laughing with other patients. It was decided to bring him up for parole, but on the

day this decision was reached, he died suddenly. Autopsy revealed pulmonary embolism and carcinoma of the pancreas with widespread metastases.

Dr. Otto Kant described this case in the *Psychiatric Quarterly* (**20**:129 [Jan.] 1946): "When the patient actually was on the threshold of death, a psychotherapeutic approach led within a short time to a remarkable change of attitude and to complete suppression of his main symptoms," to which I want to add: Psychotherapy is worth-while even in carcinomas.

W. G. Eliasberg, M.D.
420 West End Ave., New York 24.

CANCERPHOBIA

To the Editor:—I cannot overstate my enthusiasm for the contribution "The Psychological Management of Cancer Cases" by Drs. Kline and Sobin, in the Aug. 25, 1951 issue of THE JOURNAL. It is a thoughtful, helpful, and, to me, an altogether satisfactory answer to the dilemma which so often confronts the doctor. I hope it will do much to quiet those who want the question "to tell or not to tell" answered categorically "yes" or "no."

I am, however, disturbed by a statement which appears in the text: ". . . along with its benefits, the (cancer) educational campaign has resulted in an almost national cancerphobia." This is a remarkable generalization, and I wonder whether there is valid documentary evidence to support it. On the basis of a survey conducted by us in 1949 among a 10% sample of the diplomates of the American Board of Psychiatry and Neurology, it appeared that only 11% of the responding psychiatrists felt unequivocally that the current cancer education methods were doing more harm than good, and therefore disapproved of them. It is my belief that the phrase "national cancerphobia" is an unfair exaggeration of the facts. It is, moreover, an unwarranted indictment of the American character, which happily is not yet so weakened as to be panicked by cancer or by any other enemy, but which, per contra, continues to look reality straight in the face, to fear what deserves to be feared, and then to do something about it.

CHARLES S. CAMERON, M.D.
Medical and Scientific Director
American Cancer Society, Inc.
47 Beaver St., New York 4.

ALLERGY MISTAKEN FOR TUBERCULOSIS

To the Editor:—I would like to stress a certain phase of the excellent article "Problems of the Geriatric Asthmatic and Their Clinical Management" by Dr. Tuft (*J. A. M. A.* **146**:1480 [Aug. 18] 1951). It concerns the often erroneous diagnosis of active pulmonary tuberculosis when the true diagnosis should be allergic bronchial asthma with latent pulmonary tuberculosis. At the height of the pollen season, susceptible persons suffer from pollen asthma. They cannot sleep, and they lose weight and strength. The x-ray may show pulmonary infiltration, and a diagnosis of active disease may be made. Most of these patients are hospitalized and given streptomycin. Within a few weeks they make a striking recovery; this is attributed to the antibiotic and other care, whereas the change occurred from the coincidental subsidence of the pollen season.

Over 25 years ago, I saw my first such patient ready to be sent to a sanatorium with what was diagnosed as advanced tuberculosis. The real cause, clinically confirmed three times, was feathers, first indicated by skin allergy tests. The asthma started in this patient after feather beddings were brought from overseas to his home. X-ray showed old healed lesions, erroneously regarded as active. This man is in very good health today. There are many such cases, in the differential diagnosis of which allergic bronchial asthma should always be included. One should keep in mind that more than one disease may be active.

DAVID L. ENGELSHER, M.D.,
178 E. Mt. Eden Ave., New York.

MEDICAL MOTION PICTURES

Heparin in the Prevention and Treatment of Thrombosis: 16 mm., color, sound, showing time 26 min. Produced in 1950 by the Jam Handy Organization, Detroit. Procurable on loan from the Upjohn Company, Kalamazoo, Mich.

This motion picture covers the discovery, chemistry, physiology, manufacturing methods, and clinical application of heparin. The major portion of the film is devoted to clinical application, with particular emphasis on its use in peripheral venous thrombosis. There is also considerable emphasis on the various methods of administration of this drug, including the control by frequent determinations of the venous coagulation time. The picture is concluded with a comparison between heparin and bishydroxycoumarin (dicumarol®).

On the whole, it is a very good résumé of the present knowledge and value of heparin treatment. However, some of the overwhelming statistics reported are subject to revision on the basis of more recent work. There is perhaps too much discussion of the difficulties of bishydroxycoumarin administration and its control. A word of caution relative to the administration of protamine sulfate in concentrated solution should be introduced, and the value of heparin in pulmonary embolization, regardless of cause, should be more thoroughly stressed. This film is somewhat repetitious; with judicious editing it could be shortened without loss of any of its value. The photography and animation are well done. However, the film contains considerable statistical data, which would be difficult for any audience to retain. A supplementary booklet including this material would be helpful.

This film is recommended for general practitioners, specialists, residents, interns, and medical students in the third or fourth year in physiology, medicine, or surgery. It would be of some interest to nurses and technicians.

Obstetrical Maneuvers on the Ayers Manikin: 16 mm., color, sound, showing time 23 min. Prepared by Dr. Horace E. Ayers and Dr. John Mussio, New York Medical College. Produced in 1943 by Campus Films, New York. Procurable on rental or purchase from Clay-Adams Company, Inc., 141 E. 25th St., New York 10.

This is a motion picture of a manikin demonstration. The film introduces the audience to the manikin practice room just outside of the obstetrical delivery room. The choice of forceps for the particular case is discussed; then the same obstetrical maneuver is shown by a demonstration of forceps delivery on the manikin and actual delivery on a patient. The film stresses the importance of manikin practice for both seasoned obstetricians and students. The employment of the Ayers manikin is a valuable adjunct to teaching the various operative obstetrical procedures to groups of medical students. A first impression might convey the idea that too many types of forceps are presented for student's use, but a further consideration of this as presented in the film portrays the value of the mechanism of this particular manikin and its adaptability to each type of instrument delivery. The close relation between the manikin practice and teaching on the live subject has an obvious value. The picture is suitable for medical students, instructors in obstetrics, and nurses. The photography is satisfactory.

Surgical Approaches to the Knee Joint: 16 mm., color, sound, showing time 36 min. Prepared by Dr. LeRoy Abbott, University of California. Produced in 1951 by Churchill-Wexler Productions, Los Angeles. Procurable on loan from Presentation Division, Veterans Administration, Vermont Ave. and H St., N.W., Washington 25, D. C.

This well-organized film takes its place with the others in this series. The approaches used in the film are the median parapatellar, the approach for excision of the medial meniscus, the approach to the lateral compartment of the knee, and an especially well-shown dissection of the popliteal space and the posterior knee compartment. It depicts the anatomic rather than the pathologic; for this reason it would be valuable for senior students who are reviewing anatomy with the surgical approaches in mind. It will be especially well suited for the training program of those in orthopedic and general surgery. The photography, animation, and narration are excellent.

MEDICAL LITERATURE ABSTRACTS

UNITED STATES

Annals of Surgery, Philadelphia

133:753-902 (June) 1951

*Annular Pancreas. R. L. Payne Jr.—p. 754.
Further Considerations in Internal Drainage of Pancreatic Cysts. D. H. Poer and W. G. Whitaker.—p. 764.
Malignant Melanoma. M. Gage and W. Dawson.—p. 772.
Effect of ACTH and Cortisone on Wound Healing: Experimental Study. E. M. Alrich, J. P. Carter and E. P. Lehman.—p. 783.
Parosteal Osteoma of Bone: New Entity. C. F. Geschickter and M. M. Copeland.—p. 790.
Impacting Bone Plate to Attain Closed Coaptation. C. S. Venable. —p. 808.
Changes in Squamous Epithelium Following Surgical Treatment of Absence of Vagina: Preliminary Report. F. E. Whitacre and R. H. Alden.—p. 814.
Hysterectomy: Personal Experience with 2,000 Consecutive Cases in Private Practice. C. Tyrone and J. C. Weed.—p. 819.
Value of Blood Volume Determinations in Radical Operations for Cancer of Head and Neck, Including Measurements of Operative Blood Loss. H. P. Royster, H. P. Pendergrass, J. M. Walker and M. Barnes. —p. 830.
*Surgical Treatment of Carotid Body Tumors: Value of Anticoagulants in Carotid Ligation. J. deJ. Pemberton and G. R. Livermore Jr.—p. 837.
Streptokinase and Antibiotics in Treatment of Clotted Hemothorax. D. Carr and S. G. Robbins.—p. 853.
Physiologic Principles Underlying Treatment of High Diastolic Hypertension by Thiocyanates and Sympathectomy. L. Davis, J. Tarkington and R. K. Anderson.—p. 867.
Unilateral Cervical Displacement of Cerebellum Associated with Basilar Impression, Producing Signs of High Cervical Cord Tumor. C. Bagley Jr. and G. W. Smith.—p. 874.
Arteriovenous Fistula Between Middle Meningeal Artery and Greater Petrosal Sinus: Case Report. E. F. Fincher.—p. 886.
One-Stage Reconstruction for Traumatic Denudation of Male External Genitalia. B. Douglas.—p. 889.

Annular Pancreas.—The case discussed concerned a man, 32, who had been under treatment for a duodenal ulcer for more than nine years. Earlier x-ray studies revealed "scar tissue from ulcer causing obstruction." The patient complained chiefly of epigastric pain, nausea, gaseous distention, and frequent belching. Relief was obtained only from vomiting. Operation revealed a band of pancreatic tissue about 1 cm. in thickness completely encircling the duodenum. Proximal to this band the duodenum was dilated. The portion of the pancreas anterior to the duodenum was resected. The patient was greatly improved after the operation, but about six months later ulcer symptoms recurred and the dilatation of the second portion of the duodenum was as great as before the operation, possibly because of the formation of adhesive bands. An ulcer regimen effected significant improvement. Fifty-seven cases of annular pancreas have been reported in the literature. Seventeen were treated surgically. Of nine patients who had some type of short-circuiting procedure without a direct attack on the ring, three died from unrelated causes, while six had a satisfactory result. In those in whom the ring was removed persistent obstruction with retention in the stomach and duodenum was frequent, while fistula formation was an added hazard.

Anticoagulants in Carotid Ligation.—Pemberton and Livermore emphasize the management of those carotid body tumors in which ligation of the carotid arteries is required. It is widely accepted that it is safer to ligate the common carotid artery than to ligate the internal carotid artery. It is postulated that the rich anastomoses between the branches of the external carotid artery with those of the subclavian and opposite external carotid arteries allow collateral circulation to flow in a reversed direction down the external carotid, around the bifurcation, and up the internal carotid on the side ligated. After ligation of the internal carotid artery a short distance above the bifurcation, there remains a nearly stagnant column of blood, and this together with the trauma to the intima favors thrombosis. The authors feel that the prophylactic use of anticoagulants is helpful in preventing late complications of ligation of the internal carotid artery. They give 300 mg. of bishydroxycoumarin orally 12 to 15 hours before operation when excision of the bifurcation of the common carotid seems likely. Heparin is then started by continuous intravenous drip when the patient is on the operating table if the vessels actually must be sacrificed. They keep the coagulation time between 15 and 20 or 25 minutes. Oral administration of bishydroxycoumarin is resumed when the patient can take the tablets. In 33 operations (32 cases), ligation was done 14 times with five deaths. All deaths occurred in patients in whom no anticoagulants were used. In the four cases in which anticoagulants were given, plus one case of aneurysm of the common carotid artery in which treatment was similar, there were no deaths. Residual cerebral symptoms persisted in only one patient, whose symptoms had appeared before administration of anticoagulants was started.

Electroencephalography and Clin. Neurophys., Boston

3:131-260 (May) 1951. **Partial Index**

Electroencephalogram in Cases of Subdural Hematoma and Hydroma. J. F. Sullivan, J. A. Abbott and R. S. Schwab.—p. 131.
Electroencephalographic Findings in Essential Hypoglycemia. I. S. Ross and L. H. Loeser.—p. 141.
Acetylcholine Sensitivity in Diseases of Motor System with Special Regard to Myasthenia Gravis. L. Engbaek.—p. 155.
Cingulate-Cerebellar Mechanisms in Physiological Pathogenesis of Epilepsy. M. A. Lennox and F. Robinson.—p. 197.
Cerebellar Electrogram: Effects of Anesthesia, Analeptics, and Local Novocaine. R. L. Swank and S. J. Brendler.—p. 207.
Effect of Atropine on Cortical Potentials. W. H. Funderburk and T. J. Case.—p. 213.
Slowly Changing Voltage of Brain and Electrocorticogram. E. S. Goldensohn, R. L. Schoenfeld and P. F. A. Hoefer.—p. 231.

Journal of Pediatrics, St. Louis

39:1-132 (July) 1951

*Antibiotic Treatment of Pertussis: Comparison of Penicillin, Aureomycin, Chloramphenicol, and Terramycin in 150 Cases. L. N. Hazen, G. G. Jackson, Chang, Shih-Man and others.—p. 1.
Use of Carob Flour (Arobon) in Controlled Series of Infant Diarrhea. T. R. Plowright.—p. 16.
Local Effect of Cortisone on Tuberculin Reaction. H. Vollmer.—p. 22.
Familial Degeneration of Cerebral Gray Matter in Childhood: With Convulsions, Myoclonus, Spasticity, Cerebellar Ataxia, Choreoathetosis, Dementia, and Death in Status Epilepticus: Differentiation of Infantile and Juvenile Types. F. R. Ford, S. Livingston and C. V. Pryles.—p. 33.
Congenital Duodenal Obstruction: Report of Two Cases Emphasizing Postoperative Course. C. J. Krafft, R. F. Neal and A. T. Henderson. —p. 44.
Spatial Vectorcardiography in Children: Analysis of High R Waves in Right-Sided Chest Leads. R. P. Lasser and A. Grishman.—p. 51.
Weight Progress of Premature Infants Given Supplementary Feedings of Vitamin B_{12}: Comparative Study. H. Rascoff, A. Dunewitz and R. Norton.—p. 61.
*Polyarteritis Nodosa in Infancy and Childhood. D. B. Fager, J. A. Bigler and J. P. Simonds.—p. 65.
Atopic Dermatitis in Infants and Children. A. Rowe Jr. and A. H. Rowe.—p. 80.

Antibiotic Treatment of Pertussis.—Of 150 patients between the ages of 4 weeks and 11 years with pertussis, 49 were treated with penicillin, 33 with aureomycin, 37 with chloramphenicol (chloromycetin®), and 31 with terramycin. All the antibiotics were given by mouth in doses of 60 mg. per kilogram of body weight per day, in four divided doses, for 10 days. Following the institution of treatment with aureomycin, chloramphenicol,

The Association library lends periodicals to members of the Association and to individual subscribers in Continental United States and Canada for a period of five days. Three journals may be borrowed at a time. Periodicals are available from 1940 to date. Requests for issues of earlier date cannot be filled. Requests should be accompanied with stamps to cover postage (6 cents if one and 18 cents if three periodicals are requested). Periodicals published by the American Medical Association are not available for lending but can be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

An asterisk (*) before a title indicates that the article is abstracted.

and terramycin. Hemophilus pertussis was eliminated from nasopharyngeal cultures in three to four days and then could no longer be recovered, while this organism persisted for two to four weeks in most of the penicillin-treated patients. Rapid and steady improvement in the general condition occurred in almost every patient treated with aureomycin, chloramphenicol, or terramycin, while only a few patients showed significant or rapid improvement during treatment with penicillin. In the patients treated with aureomycin, chloramphenicol, or terramycin, particularly in those under 1 year of age, the frequency and severity of the paroxysmal cough decreased more rapidly than in the penicillin-treated patients. In some patients, however, there was an exacerbation of cough after the treatment was stopped. There was suggestive evidence that penicillin had a slight beneficial effect on the whooping cough. Preliminary observations on the antibody response in some of the patients suggested that the more rapid elimination of H. pertussis from the nasopharynx following treatment with aureomycin, chloramphenicol, or terramycin may have delayed and reduced the specific antibody production as compared with that observed in the penicillin-treated patients.

Polyarteritis Nodosa in Infancy and Childhood.—Polyarteritis nodosa, although observed more commonly in recent years, is still an uncommon disease in childhood and especially so in infancy. Only 52 cases have been reported in the English literature in infancy and childhood up to the age of 15 years. Of these 52 cases, eight occurred in infants less than 2 years of age, 17 in children between the ages of 2 and 8 years, and 27 in children between the ages of 9 and 15 years. Recognition of polyarteritis nodosa during life is very difficult, because it rarely starts as an initial disease entity. If there is any pattern of symptoms, it is ot multiple organ involvement. Pathognomonic is the palpation of subcutaneous nodules along the course of subcutaneous blood vessels. A biopsy of such a nodule will lead to the correct diagnosis. It is uncommon to make a diagnosis in children from a biopsy of muscle or other tissue taken at random when a nodule is not present. Two fatal cases of polyarteritis nodosa occurring in a boy aged 4 months and a girl aged 6½ years are reported. In both patients the illness began with an infection. In one the diagnosis was virus pneumonia, in the other scarlet fever. Necropsy was performed in both. Microscopic sections of the coronary arteries, vessels of the kidney, spleen, and adrenal gland revealed the typical lesions of polyarteritis nodosa as originally described by Kussmaul and Maier and more recently by Arkin. It seems most likely that hypersensitivity plays an important part in the etiology of polyarteritis nodosa and that the sensitivity may be related to the products of infection, bacteria, virus, or any other antigenic substance.

Maine Medical Association Journal, Portland

42:133-164 (May) 1951

Place of Surgery in Pulmonary Tuberculosis. L. Brown.—p. 133.
Massive Hepatic Involvement by Metastatic Carcinoma with Negative Cephalin-Cholesterol Flocculation Reaction: Case Report. E. Wasserman.—p. 137.
Emotional Factors in Childhood Diseases. J. M. Baty.—p. 139.
Maine State Police Bureau of Identification. A. Freeman.—p. 142.
What Every Maine Doctor Should Know About Civil Defense and Public Safety Planning—Third Report. C. W. Steele.—p. 148.

Michigan State Medical Society Journal, Lansing

50:553-688 (June) 1951

The Elderly Patient. E. L. Bortz.—p. 585.
Clinical Application of Adrenergic Blockade in Sympathetic Predominance. F. F. Yonkman.—p. 590.
Clinical Use of Newer Antibiotic Agents in Surgery. W. A. Altemeier.—p. 597.
Complications of Diabetes. P. White.—p. 602.
Clinical Significance of Hemoptysis. N. Levitt.—p. 606.
Ovarian Resection—Oviectomy—or Absolute Conservatism. H. F. Traut.—p. 611.
Recognition and Treatment of Vitamin D Resistant Rickets. G. H. Lowrey and J. F. Holt.—p. 615.
Histoplasmin and Old Tuberculin Reactors in Kent County, Michigan. H. D. Ireland.—p. 619.

Nebraska State Medical Journal, Lincoln

36:221-252 (July) 1951

Gastrointestinal Symptoms Due to Diseases of Central Nervous System and Nerve Roots. J. J. Keegan.—p. 223.
Gastrointestinal Symptoms Due to Extrinsic Organic Etiology: Importance of History Taking. H. C. Lueth.—p. 225.
Gastrointestinal Symptoms Due to Cardiovascular Disease. M. C. Andersen.—p. 229.
Gastrointestinal Symptoms Due to Diseases of Genito-Urinary System. W. F. Novak.—p. 230.
Gastrointestinal Symptoms Due to Infectious Diseases: Allergy. C. A. Tompkins.—p. 232.
*Mesantoin in Difficult Cases of Epilepsy. E. E. Houfek and H. T. Hermann.—p. 234.

Mesantoin* in Epilepsy.—This study is concerned with 19 outpatients of the Epilepsy Dispensary of the University of Nebraska. All 19 were treated with mesantoin* (3-methyl-5-phenyl-5-ethyl-hydantoin). In 17 toxic reactions had previously developed, or they had become refractory to other medication. Eleven patients had idiopathic grand mal epilepsy, two had Jacksonian seizures, one had grand mal following encephalitis, one had psychomotor epilepsy, three had a combination of grand mal and petit mal, and one had a functional type of seizure, probably psychomotor. Five discontinued the use of mesantoin,* one because exfoliative dermatitis developed, two because of skin rash, one because of "wooziness," and one because of unavailability of the drug. Of the remaining 14 patients, all were helped, some becoming seizure-free. Thus mesantoin* has proved helpful in patients not responding to other drugs. When this drug is given, the following precautions should be taken: blood cell counts should be made monthly, and patients should be watched for skin rash and told to report if untoward effects are noted. The combination of mesantoin* with trimethadione (tridione*) is to be avoided and with phenthenylate ("thiantoin") is probably to be avoided. Mesantoin* combined with diphenylhydantoin (dilantin*) sodium and phenobarbital has proved effective in cases resistant to other medication.

North Carolina Medical Journal, Winston-Salem

12:169-208 (May) 1951

President's Address: Your Business and Mine. R. D. McMillan.—p. 169.
School Psychologic Clinics: Part I, Preliminary Report. J. R. Grassi and L. B. Kessler.—p. 175.
Preventive Aspects of Pediatric Allergy. C. A. Frazier.—p. 180.
Operative Procedure for Evisceration of Eye. W. P. McKay.—p. 186.
Report of 60 Cases of Pterygia Removed by Kamel Technique. M. N. Lymberis.—p. 188.
Appendiceal Calculi: Case Report. C. E. Kernodle Jr. and H. B. Kernodle.—p. 190.
Anesthesia in Anorectal Surgery. B. R. Jackson.—p. 193.

Pennsylvania Medical Journal, Harrisburg

54:513-608 (June) 1951

Physiologic Basis for Choice of Anesthetic Agents and Methods. F. F. Foldes.—p. 537.
The Physician, the Clergyman, and the Patient in Terminal Illness. The Rev. E. G. Harris.—p. 541.
Acute Pancreatitis. N. M. Wall.—p. 546.
Radioactive Isotopes and Malignancy. R. H. Chamberlain.—p. 550.
Résumé on Early Diagnosis in Pulmonary Tuberculosis. E. A. Favis.—p. 554.
The Child as a Patient. J. F. Robinson.—p. 557.
Surgical Control of Intractable Pain. J. F. Grunnagle.—p. 561.
Role of Spinal Fusion in Low Back Pain. R. I. Peck.—p. 564.
*Treatment of Pruritus Ani. R. F. Dickey.—p. 568.

Treatment of Pruritus Ani.—Pruritus ani may be initiated by disturbed bowel function, trauma from harsh toilet hygiene, hemorrhoids, drug irritation, sweating, and intertrigo. Associated pathological entities include: anal fissures, cryptitis, papillitis, hemorrhoids, fistulas, redundant perianal tissues, pilonidal cysts, and sinuses. Careful examination and history-taking are necessary for proper diagnosis and treatment. The author is convinced that in most cases nervousness is a result rather than the cause of pruritus ani. Proper cleansing of the anal area is the most important therapeutic measure. Patients must be instructed to cleanse the anal area three times a day. After detergent cleansing, the areas must be rinsed with a cotton ball moistened with cold water, and then patted dry, then, if the

V 14
1951

patient has moist pruritus ani, he should apply an aluminum hydroxide gel thickened with kaolin, which absorbs moisture and seems to inactivate irritants. The dry type of pruritus ani responds well to the weekly application by the physician of a mixture of one part trichloroacetic acid to three or four parts of water or cresol (lysol*). As soon as the area turns white, the action is neutralized by a drying lotion. The patient then uses the cleansing technique and applies an ointment. Pruritus ani in which there are no pathological changes may be psychogenic, may be due to disturbances in the lower gastrointestinal or genito-urinary tracts, or may be the result of systemic diseases. Relief depends on control of the causative diseases. For the temporary control of pruritus, cold compresses or an ice bag are most effective. Patients must be made to understand the harmful action of repeated rubbing and scratching.

Radiology, Syracuse, N. Y.

56:799-954 (June) 1951

Duodenal Ulcer in Children. F. K. Alexander.—p. 799.
Enlarged Gastric Rugae: Correlation of Roentgenologic, Gastroscopic, Pathologic, and Clinical Findings: Analysis of 41 Cases. W. W. Vaughan, J. U. Gunter and E. A. Erwin Jr.—p. 813.
Secondary Radiation Fields Surrounding Photofluorographic Equipment. W. W. Van Allen.—p. 832.
Geometrical-Anatomical Factors and Their Significance in Early X-Ray Diagnosis of Hip-Joint Disease in Children. H. E. Martin.—p. 842.
Lipomas of Mesentery of Small Intestine. S. R. Bersack, V. M. Iovine and G. Tievsky.—p. 850.
Surface Activity Following Administration of Radioactive Phosphorus. A. Geffen, R. Loevinger and B. S. Wolf.—p. 857.
*Evaluation of Radioiodine Concentration Test in Study of Thyroid Disease. N. G. Schneeberg, W. H. Perloff and W. Serber.—p. 869.
Pulmonary Artery Obstruction: Report of Case with Angiocardiographic Demonstration. W. S. Tirman, J. L. Eisaman and J. T. Lloyd.—p. 876.
Symphalangism and Related Fusions of Tarsal Bones. F. H. Austin.—p. 882.
Demonstration of Duct of Wirsung Through Pancreatico-Cutaneous Fistula. D. Reikes and J. R. Nahon.—p. 886.

Radioiodine Concentration Test.—The ability of the thyroid gland to concentrate orally-administered radioactive iodine (I^{131}) is regarded as a measure of its activity. This test was performed on 115 normal subjects, 25 thyrotoxic patients, and 19 hypothyroid patients to evaluate it as a routine diagnostic method. The normal thyroid was found to concentrate between 10 and 35% of the administered dose. The results in 13% of the normal subjects were below and in 10% were above these limits. All the hyperthyroid patients concentrated 35% or more, and all the hypothyroid patients concentrated 10% or less. The radioiodine test was found to be more than twice as accurate as the basal metabolic rate in the recognition of normal thyroid function and was equally diagnostic in thyroid disease. A single 24-hour reading after the administration of radioactive iodine was found to be adequate for routine diagnostic studies.

Review of Gastroenterology, New York

18:393-464 (June) 1951

Management of Hemorrhage from Upper Gastrointestinal Tract. N. W. Chaikin and T. Tuller.—p. 403.
*Treatment of Nonspecific Ulcerative Colitis with Aureomycin. S. Strax, J. A. Marks and L. T. Wright.—p. 413.
Use of Aureomycin in Amebiasis. J. E. Cox.—p. 423.
Is Surgery Necessary for Silent Gallstone? J. A. Riese.—p. 426.
Surgery in Massive Hemorrhage of Upper Gastrointestinal Tract. E. J. Halligan, L. L. Perkel, J. K. Catlaw and L. Troast.—p. 432.
Remarks About Ulcer and Ulceriform Cancer of Stomach. R. A. Gutmann.—p. 448.

Aureomycin in Ulcerative Colitis.—Thirty-eight patients with active ulcerative colitis were treated with aureomycin in doses averaging 250 mg. every eight hours. In 31, there was reduction in bowel movements of 50% or more. In 24 of 32 cases gross blood in stools disappeared. Thirty-three patients reported significant improvement in the sense of well-being, including greater strength, less pain, and tenesmus. Gain in weight (three to 28 lb. [1.3 to 12.7 kg.]) was reported in 14 patients; weight loss occurred in six patients. The sigmoidoscopic appearance was improved in 15 of 34 patients. Six to 24 months follow-up of 30 cases showed 21 patients to be well, five improved, two unimproved, and two with malignant tumors. When four patients, whose diarrhea was controlled with aureomycin, were given placebos, the diarrhea promptly recurred in three. Improvement again followed when treatment with aureomycin was resumed. Nausea occurring in seven patients was controlled by milk or a bismuth subsalicylate mixture (pepto-bismol*), which do not interfere with absorption of aureomycin. While the results here reported are most encouraging, continued caution is urged in interpreting the ultimate value of aureomycin in ulcerative colitis therapy. When medical management fails in the presence of gross pathological changes, surgery is indicated. The authors feel that aureomycin is the most satisfactory drug now available for the treatment of chronic idiopathic ulcerative colitis.

Urologic & Cutaneous Review, West Palm Beach, Fla.

55:321-384 (June) 1951. **Partial Index**

Tumors of Kidney. D. A. Charnock.—p. 321.
Radiation Therapy in Diseases of Genito-Urinary Tract. W. E. Costolow.—p. 324.
Bladder Neck Obstruction: Relief by Surgical Methods. J. C. Negley and E. M. Berkery.—p. 327.
Management of Atonic Bladder Associated with Chronic Prostatism. R. M. Nesbit.—p. 331.
Treatment of Recurring Cystitis in Female. M. F. Brodkin.—p. 334.
*Therapy of Peyronie's Disease. E. H. Burford, J. E. Glenn and C. E. Burford.—p. 337.
"Unexplained" Infertility and Culdoscopy: Observations in 50 Consecutive Cases. A. R. Abarbanel.—p. 339.
Fallacies in Infertility. E. T. Tyler.—p. 344.

Therapy of Peyronie's Disease.—During 40 years of practice Burford and associates observed 124 patients with Peyronie's disease (penile induration). The ages ranged from 22 to 84, but two-thirds of the patients were in the fifth and sixth decades. A faulty connective tissue metabolism seems to play an etiological role, but the authors feel that trauma also should be considered, although its role has been minimized. The following conditions were mentioned as possible casual factors in 48 of the cases reviewed by the authors: gonorrhea and/or chancre in 19, blow or other injury in 10, "break" during erection in sleep or intercourse in 7, urethral manipulations in 4, stricture of urethra at site of fibrosis in 3, presence of Dupuytren's contracture in 3, surgical removal resulting in intensification in 1, and penile blood clot in 1. The lesion usually appears as a pearl gray, glistening, scarlike tissue, from 3 to 5 mm. in thickness and with a striated appearance, but some portions are nodular. Surgery, roentgen, and radium rays and tocopherols have been the treatments most frequently recommended in recent years. The authors employed radium treatment in 91 of their 124 cases. The dosage ranged from 50 mg. hours to 325 mg. hours. The average was 120 mg. hours for a single treatment. Sixty of the 91 patients received only one treatment. Complications in the form of indolent weeping and persistent ulcer resulted in three of the cases. Surgical excision was successful in two of these three. The authors believe that on the whole the use of radium has been safe and effective. Recently they combined its use with tocopherol medication and concluded that this combination therapy is even more effective.

Wisconsin Medical Journal, Madison

50:537-632 (June) 1951

Subtotal Gastric Resection in Treatment of Benign Gastric and Duodenal Ulcers. W. B. Gnagi.—p. 554.
Case of Lymphoblastoma with Unusual Skin Tumefaction. E. A. Pohle and M. N. Golper.—p. 559.
Acoustic Trauma. M. S. Fox.—p. 563.
Early Diagnosis of Uterine Cancer and Its Management. M. J. Jordan.—p. 568.
Problems in Pediatric Surgery. A. A. Schaefer.—p. 577.
Use of Antibiotics in Otolaryngology. F. L. Lederer.—p. 587.

World Medical Association Bulletin, New York

3:77-152 (April) 1951

The World Health Organization. B. Chisholm.—p. 83.
General-Adaptation-Syndrome and Diseases of Adaptation. H. Selye.—p. 85.
Advances in Cardiovascular Surgery. A. Blalock.—p. 87.
Therapeutic Uses of Blood and Blood Derivatives. L. K. Diamond.—p. 88.
Control of Peptic Ulcer. A. F. R. Andresen.—p. 90.

FOREIGN

British Journal of Radiology, London

24:355-412 (July) 1951

SYMPOSIUM ON RADIOTHERAPEUTIC PHYSICS

I. Physical Aspects of Treatment of Cancer by 22 MeV X Rays. H. E. Johns, E. K. Darby and R. O. Kornelsen.—p. 355.
II. Dosage in Irradiated Soft Tissue and Bone. F. W. Spiers.—p. 365.
III. Survey of Hospital Physics Activities at the Institute of Radiophysics, Stockholm. S. Benner.—p. 370.
IV. Some Developments of Physical Aspects of Teleradium Therapy. C. W. Wilson.—p. 374.
V. Dosage Control in Interstitial Gamma-Ray Therapy. W. J. Meredith. —p. 380.
VI. Some Aspects of Problem of Dosage Estimation in X-Ray Treatment. L. F. Lamerton.—p. 385.
VII. Instrument for Dosage Estimation with Fields of Any Size and Shape. B. M. Wheatley.—p. 388.
Influenzal Pneumonia—Recent Experiences. B. B. Harrison.—p. 392.
Relationship Between Dosage Level and Incidence of Recurrence in Post-Operative Irradiation for Carcinoma of Breast. P. T. Chopping. —p. 401.
Method of Treatment of Neoplasms of Posterior End of Alveolus. K. Sicher.—p. 403.

British Medical Journal, London

1:1463-1524 (June 30) 1951

*Prevention of Whooping-Cough by Vaccination: Medical Research Council Investigation. S. P. Bedson, W. C. Cockburn, E. T. Conybeare and others.—p. 1463.
Prognosis and Treatment of Cardiac Infarction: Survey of 200 Patients. C. Papp and K. S. Smith.—p. 1471.
Isolation of Salmonellae from Faeces of Domestic Animals. H. W. Smith and A. Buxton.—p. 1478.
Study of Hepatic Function in Man Before and After Partial Resection of Liver. F. V. Flynn and J. M. Walshe.—p. 1484.
Bone Dystrophy in Association with Muscular Dystrophy (Myopathy). D. W. Ashby, G. E. O. Williams and O. E. Smith.—p. 1486.
Case of Primary Amenorrhoea Associated with Asthma. M. Frohlich. —p. 1488.
Albumin Antibody in Routine Rhesus Grouping: Adaptation of Chown Capillary Method. I. M. Tuck.—p. 1490.

Prevention of Pertussis by Vaccination.—Ten controlled field trials were made in five different areas to assess the prophylactic value of pertussis vaccine in children. Of 7,558 children between the ages of 6 and 18 months whose parents consented to take part in the study, 3,801 were inoculated with pertussis vaccine (referred to as the vaccinated group), and 3,757 were given a similar dose of "anticatarrhal" vaccine, which contained no Hemophilus pertussis (referred to as the unvaccinated group). Although the two groups were formed by random sampling, they proved to be strikingly similar in average age, average number of children in the families, and the average duration of observation. Five batches of pertussis vaccine were tested. With only a few exceptions there were no severe local or general reactions to inoculation. None of the children had convulsions, and in none did poliomyelitis develop within two months of inoculation. In all the trials, 149 vaccinated and 687 unvaccinated children developed pertussis. The corresponding attack rates per 1,000 child-months of observation were 1.45 and 6.72, giving a reduction in the incidence of disease of 78%. Among children exposed to pertussis in their own homes the attack rates were 18.2% in the vaccinated and 87.3% in the unvaccinated group. The cases that occurred in the vaccinated children were on the average less severe and of shorter duration than those in the unvaccinated children. During the two to three-year follow-up periods there was no evidence of a waning in the degree of protection afforded by the pertussis vaccines. Swabs were taken from 806 (96.4%) of the 836 clinically diagnosed cases, and in 482 (59.8%) bacteriological confirmation was obtained. Each batch of vaccine gave substantial protection, but the two batches supplied by the Michigan Department of Health gave a much greater degree of protection than the others. Vaccines prepared in Great Britain according to the method used by the Michigan Department of Health are now being tested in similar field trials.

Nordisk Medicin, Stockholm

45:827-866 (May 30) 1951. **Partial Index**

*Chronic Cor Pulmonale. S. Samuelsson.—p. 827.
*Surgical Treatment of Mitral Stenosis. C. Crafoord, F. Berglund, H. Eliasch and L. Werkö.—p. 831.
*Early Diagnosis of Huntington's Chorea with Special Attention to Psychiatric Symptoms. C. L. Laane.—p. 835.
Arteriography of Lower Extremities. H. E. Leschly Jacobsen and J. Raun-Byberg.—p. 840.

Chronic Cor Pulmonale.—In 1945 chronic cor pulmonale, defined as strain and hypertrophy of the right side of the heart resulting from various chronic lung diseases and from hypertension in the lesser circulation, was diagnosed in 1.6% of 1,194 patients admitted to one division of the Rikshospital and in 7.6% of the patients with cardiovascular diseases. The transition from predominantly pulmonary symptoms to the stage in which signs of strain or insufficiency of the right heart begin to appear is often not noted. Right heart failure usually occurs after aggravation of the pulmonary symptoms. Prominence of the pulmonary arch, best seen from the right oblique view, is the first roentgenologic sign of chronic cor pulmonale. Other roentgenologic signs are dilatation of the right ventricle, increased caliber of the pulmonary arteries, and the absence of peripheral pulmonary stasis. When roentgenologic differentiation between the cardiac changes in chronic cor pulmonale and those in congenital heart disorders is difficult, diagnosis depends on catheterization and angiography. Severe cyanosis ("black cyanosis") and edema of the neck and head, signs of emphysema, and pulmonary changes suggest cor pulmonale. The electrocardiogram is decisive here. Chronic cor pulmonale is of relatively short duration and responds poorly to treatment. With energetic treatment of the underlying pulmonary disorders, prevention of infections in the respiratory tract, and digitalization of patients with cyanosis, dyspnea, and palpitation of the heart on slight effort, the condition may be improved and the insufficiency warded off for a longer time. Early digitalization is important, particularly since the treatment often fails after insufficiency sets in. Patients with chronic cor pulmonale should when possible spend the winter in a milder climate. After signs of insufficiency have appeared all means must be employed to control the insufficiency and anoxemia, as this type of insufficiency is often acute. Sedatives must be given with the greatest care. Morphine is strictly contraindicated because of its marked depressant effect in chronic cor pulmonale.

Surgical Treatment of Mitral Stenosis.—Crafoord and his associates report seven cases of mitral stenosis in which commissurotomy was done, in six with dilatation of the mitral valve with the finger, in one instance with Bailey's knife. All patients had cardiac catheterization before operation. In the cases with digital dilatation of the valve, marked decrease in the pressure in the pulmonary circulation followed, with return to almost normal in two cases. In all cases the brachial arterial pressure and the cardiac output increased. In two cases with arterial saturation below normal before the intervention the values were normal afterward. There was notable subjective improvement in all cases. Postoperative mitral insufficiency occurred in the case treated with Bailey's knife. Commissurotomy is believed to be indicated in cases of pure mitral stenosis with signs of pressure in the lesser circulation and with poor filling of the left chamber. It is contraindicated in cases with rheumatic fever or other infections, other valvular defects, and insufficiency of the right heart that does not respond to treatment.

Early Diagnosis of Huntington's Chorea.—Eight cases of hereditary chronic progressive chorea (Huntington's chorea) treated at the University Psychiatric Clinic in Oslo from 1940 to 1951 are discussed by Laane. They illustrate the difficulty of correct diagnosis in early cases. Disturbances in gait and in speech, perioral tremor, and pain in the back and lower extremities are early neurological symptoms. Psychiatric symptoms may appear a number of years before there are pronounced neurological symptoms. Early diagnosis is important. A family history of the disorder should be looked for. Since this is such a grave disease and leads to severe disability, these patients should not have

V 147
1951

children. Shock treatment has no effect on the disease and is dangerous. Electroencephalography in three cases failed to give a characteristic picture. Early institutional treatment is recommended.

Ugeskrift for Laeger, Copenhagen

113:655-696 (May 24) 1951. **Partial Index**

*Acute Radiation Sickness: Review of Pathogenesis, Clinical Symptoms and Treatment. J. E. Thygesen.—p. 655.
Case of Pellagra in Connection with Tuberculosis of Small Intestine with Multiple Strictures. E. Trier and H. Brocks.—p. 669.
Treatment of Fractures and Dislocations in Cervical Spine. T. Hølund. —p. 672.
Meigs' Syndrome. V. Petersen.—p. 675.

Acute Radiation Syndrome: Pathogenesis, Clinical Symptoms, and Treatment.—Thygesen says that the term acute radiation syndrome means severe radiation sickness produced by massive universal irradiation for a short period. The untreated clinical course of the acute radiation syndrome shows three fairly well defined forms: the fulminant form, the hemorrhagic, and the pancytopenic. In the fulminant form, after superlethal doses (several thousand roentgens), death occurs in a few hours; in lethal doses, (600-1500 r), a shocklike condition is succeeded by vomiting, diarrhea, fever, and prostration, with dramatic progression and death at the latest from seven to 10 days after exposure. In the hemorrhagic form, after less but still lethal exposure (300-600 r), nausea, vomiting, and prostration are followed by some well-being for 10 to 14 days, after which there is increasing illness, often preceded by epilation, with massive hemorrhage from the mucous membranes, ulcerations in mouth, and intestines, and flare-up of the gastrointestinal symptoms. Hemorrhagic agranulocytic necrotizing pneumonia often develops. Death usually occurs from three to six weeks after exposure. The pancytopenic form is most frequent after moderate doses (100-300 r). In from three to five weeks, alopecia, slight inflammation of mouth and throat, and weakness set in. In most cases where aplastic anemia leads to a fatal outcome this occurs from two to four months after exposure. Many patients survive. The four stages now recognized in the clinical picture of the radiation syndrome are the initial, latent, recrudescence, and debility stages. The duration of the latent stage is inversely proportional to the dose; the higher the dose, the shorter the latent period. Epilation, easily observed diagnostically and a prognostically important sign, with development of the "monk's tonsure," may appear from two to five weeks after exposure. Alopecia in a person suspected of having been exposed to irradiation injury is a probable sign of radiation effect, usually expressed in the hemorrhagic form. In the fulminant form death precedes epilation. In the pancytopenic form the duration of epilation is a valuable prognostic sign, as the hair is rapidly restored in surviving persons. The pathogenesis of the radiation syndrome is not fully understood, so that adequate treatment is not yet possible. Supportive and symptomatic treatment is far from hopeless. It should be remembered in the care of uncomplicated cases that all circumstances that increase the metabolism seem to increase the mortality. Careful attention and psychic encouragement are important.

Wiener klinische Wochenschrift, Vienna

63:393-412 (June 1) 1951

*Isolation of Virus in Several Cases of Boeck's Sarcoid. S. Löfgren and H. Lundbäck.—p. 398.
Early Diagnosis of Focal Dissemination. K. Gotsch and E. Kresbach. —p. 401.
Slow Course of Cerebral Glioma Despite Progressive Malignancy. H. Lill. —p. 403.

Isolation of Virus from Patients with Boeck's Sarcoid.—The gastric irrigation fluid of 10 patients, three with chronic pulmonary sarcoidosis, five with bilateral hilus lymphoma, which the authors consider as the initial stage of pulmonary sarcoidosis, and two with cutaneous sarcoidosis, was inoculated into the amniotic or allantois cavities of impregnated chicken eggs. The eggs were eight days old at the time of the inoculation. They were incubated for four to eight days. The fluids were then pipeted from the eggs, and agglutination tests with suspensions of chicken blood corpuscles as well as complement fixation tests with suitable serums of patients were performed with various groups of eggs, on which five passages were carried out. Two to four blind passages were required before agglutinins could be demonstrated. A virus was isolated by this technique from seven of the 10 patients with sarcoidosis. Complement fixation tests showed that the isolated virus was either identical with or very similar to the mumps virus. Viruses with similar serologic characteristics were isolated in three of eight cases of malignant lymphogranulomatosis. The isolated virus strains gave positive complement fixation reactions with the serums of patients with sarcoidosis, but the titers were low, and they might have been caused by previous mumps. No definite increase in the complement fixation titer could be demonstrated in the course of sarcoidosis, but a definite lowering of the titer was observed in many cases in the course of the disease. Patients with sarcoidosis gave a cutaneous reaction to the dead virus. The authors' results do not solve the etiological problem of sarcoidosis but justify further studies of the same type.

Zeitschrift für Orthopädie, Stuttgart

80:529-696 (No. 4) 1951. **Partial Index**

*Demonstration of Thorium X in Metaphysial Growth Line and Its Influence on Length Growth in Young Rabbits. W. Koch.—p. 532.
*Problems of Surgical Arthrodesis of Hip Joint. A. N. Witt.—p. 559.
Orthopedic Aspects of Sitting. H. Ollefs.—p. 573.
Nailing in the Treatment of New and Old Fractures of the Navicular Bone. H. Gieseking.—p. 597.
Epiphysial Growth in Osgood-Schlatter's Disturbance. R. Seyss and E. Wiesner.—p. 623.
Problem of Wound Infection in Henle-Albee Operation. W. Legal. —p. 540.

Effect of Thorium X on Growth.—Even before World War I thorium X was used in the treatment of chronic polyarthritis, lymphatic and myeloid leukemia, and arteriosclerosis. Since 1943, it has been used in a compound form in the treatment of tuberculosis of bones and joints, and since 1946 it has been used in spondylarthritis ankylopoietica. With this compound bands of greater density in the metaphysial lines, particularly in the distal ulna-radius, the distal femur, and the proximal and distal tibia-fibula metaphyses, develop in children. To clarify these roentgenologic changes in the growth lines (metaphyses), studies were made on growing rabbits with the thorium X compound. After the rabbits had been treated from 10 to 16 weeks, their increase in weight as well as in length was less than normal. Selective deposition of thorium X in the metaphysial growth lines causes irradiation-induced impairment of the metaphysial cartilage and causes, in all the growth lines chiefly involved in longitudinal growth, a thickening of the cartilage and a widening of the zone of calcification in the cartilaginous substance. The zone of calcification corresponds to the metaphysial bands of densification in the roentgenograms of joints and ribs. Under the action of thorium X the calcium salts of the bone tissues decrease, and spontaneous fractures result. The disturbance in the endochondral ossification, the decalcification of the bone, and the selective deposition of thorium X in the newly calcifying or ossifying tissues suggests that thorium X therapy is inadvisable in diseases involving ossification of tissues. It should not be used in pregnant women or in children.

Arthrodesis of Hip Joint.—Witt describes a technique for surgical arthrodesis of the hip joint. He shows that with the spreading nail he has designed, fixation is better, development of an adduction position is avoided, immobilization in a cast can be either shortened or completely avoided, hip arthrodesis is possible in very old patients, and wandering of the nail is impossible. The surgical intervention is simple and not extensive, being no greater than that involved in an extraarticular nailing of the neck of the femur. The author's spreading hip nail is three-flanged and has a perforation for a second nail, so that the tips of the two nails are 3.5 cm. apart after complete insertion. Since the nails are tightly screwed together, the fixation of the head of the femur in the acetabulum is secure.

BOOK REVIEWS

Clinical Electrocardiography. By Ashton Graybiel, Captain, MC, USN, Director of Research, U. S. Naval School of Aviation Medicine, Pensacola, Florida. Cloth. $5. Pp. 198, with 140 illustrations. Thomas Nelson & Sons, 19 E. 47th St., New York 17; Parkside Works, Dalkeith Road, Edinburgh 9; 3 Henrietta St., London, W.C.2, 1950, 1951.

This monograph is an expansion of a chapter previously published in Nelson's "Loose Leaf Medicine." The author has utilized this occasion to attempt an expanded presentation of the electrocardiogram in simple fashion. He has made use of the principles of vectorcardiography primarily as it pertains to the frontal plane. He has used the V limb lead together with the standard limb leads, so that he can define the leads as placed 30 degree angles apart in one-half the 360 degrees of a circle lying in the frontal plane. He starts with aVL; then follow I, aVR↓ (aVR mounted upside down), II, aVF, and III. By using the transition zone of QRS and of T, he is able to project their frontal vector. He has developed a system whereby he can give the V limb lead the same magnitude as the ordinary limb leads (he calls these vV leads). He has used a similar approach for the precordial leads. Much of this development is based on the concepts recently put forth by Grant and his associates for simplified vector analysis. The author recognizes the approximate character of this methodology but believes that it has clinical utility. It is a departure, as far as the precordial leads are concerned, from the semidirect concept of the Wilson school.

With this background, the author discusses the normal limits of the electrocardiogram, the abnormalities in their appearance, and the effect of certain physiological alterations and certain diseases on contour. There is the usual presentation of arrhythmias. The monograph is recommended, not alone for the beginning student in electrocardiography wishing to get an idea of recent trends, but also for the more advanced student, to show him some of the limits of previous concepts of electrocardiography. The author has kept his responsibilities in mind and has succeeded in, as he says, "a serious attempt . . . to simplify, without sacrifice of effectiveness, the subject of clinical electrocardiography."

Patterns of Disease on a Basis of Physiologic Pathology. By Frank L. Apperly, M.A., M.D., D.Sc., Professor of Pathology, Medical College of Virginia, Richmond, Virginia. Cloth. $8. Pp. 456, with 87 illustrations. J. B. Lippincott Company, 227-231 S. 6th St., Philadelphia 5; Aldine House, 10-13 Bedford St., London, W.C.2; 2083 Guy St., Montreal, 1951.

This book reflects the recent trend of integrating several originally separated disciplines. In this instance a treatise developed from lectures on pathology to medical students covers as a unit many aspects of clinical medicine. It is based on the principle of discussing the patterns of diseases as a whole and tracing them step by step through biochemical changes, altered function, altered anatomy, and final outcome. Furthermore, the significance of the compensatory mechanisms stimulated by disease is emphasized in the clinical and pathological picture. Thus, anatomic and clinical pathology are interwoven with physiology and clinical symptomatology.

In the first part, which would correspond to general pathology, the passive changes in disease, represented by disturbances of nutrition and peripheral circulation, are discussed, followed by a broad analysis of reactive changes to injury, including all aspects of the problem of inflammation. Pigmentation, degeneration, and tumors are then discussed. Following is a discussion of the diseases of the different organ systems, the major portion of the book. Many intelligently arranged and original tables are used to show, often in an original fashion, the correlation between the various physiological and pathological factors. Most of the illustrations (used sparingly for a textbook on pathology) are schematic drawings that are well-done. The arrangement is exceedingly clear, and specific information can be found quickly. The diction is clear, concise, and stimulating. A large amount of factual information is compressed into a small space. Many of the statements are deliberately dogmatic, so that the inexperienced will not be confused. References to the literature are entirely omitted, and little attempt has been made to mention the names of those responsible for our present knowledge.

One questions the place of this well-written and intriguing book in medical teaching. As a mere introduction to pathology, it is too detailed and does not discuss enough of the philosophy of the subject. It is typical of the present trend of emphasizing function and deemphasizing morphology. The question arises whether this trend is not carried almost too far here, in view of the statement "structure without function is meaningless." The student should not be deprived of knowledge of structures, the function of which may only be known in the future. It would be regrettable for medical students not to receive more detailed information of orthodox pathology and to be deprived of bibliographical references for further study. Nevertheless, the stimulating arrangement and presentation recommends this book as excellent collateral reading for the medical student and the practitioner seeking information in conjunction with one of the standard textbooks on pathology.

Handbook of Medical Management. By Milton Chatton, A.B., M.D., Instructor in Medicine, University of California Medical School, San Francisco, Sheldon Margen, A.B., M.D., Clinical Instructor in Medicine, University of California Medical School, and Henry D. Brainerd, A.B., M.D., Assistant Clinical Professor of Medicine and Pediatrics, University of California Medical School. Second edition. Cloth. $3. Pp. 507. University Medical Publishers, Post Office Box 761, Palo Alto, California, 1951.

This edition of a useful manual of clinical treatment looks smaller than the first edition, but actually it has even more facts on its thinner pages. Although the content is similar to that of the first edition, with chapters on the general aspects of medical management and then, serially throughout the rest of the book, nearly all the common diseases, grouped according to etiology or system, there is a great increase in new detail on certain subjects. This is particularly true for the new antibiotics and for corticotrophin (ACTH) and cortisone. The book is not at all for systematic reading but is rather an extremely handy summary of techniques and treatments. Both the beginner and the experienced practitioner in medicine will find it a most satisfactory guide.

Modern Trends in Neurology. Edited by Anthony Feiling, B.A., M.D., F.R.C.P., Senior Physician, Neurological Department, St. George's Hospital, London. Cloth. $13.50. Pp. 717, with 202 illustrations. Paul B. Hoeber, Inc. (Medical book department of Harper & Brothers), 49 E. 33rd St., New York 16, 1951.

This sizable book has been prepared to present in concise form some of the more interesting and valuable additions to neurology of recent years. The authors are well-known figures in neurology in Great Britain and the United States. The subjects dealt with are varied. As is to be expected, the chapters are of unequal quality. For the most part they are thoroughgoing utilitarian discussions. A few, notably Chapter 2, on the frontal lobes, and 4, on cerebral palsies of infancy, are poor. The former is confused. It is lacking in a clear statement of either the author's views or those of the investigators whom he castigates. This entire chapter is characterized by the lack of discernment that is common to "arm-chair" critics. Chapter 4 is overly concerned with terminology and classification. The essential facts are not clearly presented.

Chapter 10, on abscess of the brain, and Chapter 11, on intracranial tumors, are the best of the entire book. The chapter on syphilis of the nervous system is indecisive. The author seems to lack sufficient personal experience to permit definite opinions of his own. The chapters on headache, myasthenia gravis, epilepsy, electroencephalography, and neuroradiology are interesting and well-prepared. That on ruptured intervertebral disc has been prepared by W. J. Mixter, the dean in this field, and is well done. One regrets, however, the omission of a thorough-

The reviews here published have been prepared by competent authorities and do not represent the opinions of any official bodies unless specifically stated.

V 147
1951

going discussion of the midline herniations in the lumbar region with severe compression of the cauda equina and in the cervical region with implication of the cervical spinal cord.

There are throughout the book a number of statements to which one must take exception. For example: "immodesty is common" after frontal lobotomy (page 75); patients with migraine handle responsibility poorly (page 109); lumbar puncture when undertaken without due precaution has frequently introduced organisms into the subarachnoid space and caused meningitis (page 163); sulfathiazole is the sulfonamide of choice in treating meningococcic meningitis (page 171); protein in the spinal fluid is usually increased only to 100-200 mg. per cent in the Guillain-Barré syndrome (page 212); treatment of syphilis of the nervous system with penicillin is associated with little or no risk; angiomas on the medial surface of the posterior half of the cerebral hemisphere are, of course, supplied by the anterior cerebral artery (page 632); it is only careless technique if one fails to outline the ventricles by either ventriculography or encephalography (page 649); the commonest lesion in the spinal extradural space is an abscess (page 661). One also looks in vain for a discussion of the various infectious diseases and blood dyscrasias that are not infrequently associated with the Guillain-Barré syndrome (pages 212-213). Most neurologists have discarded guanidine as of little if any value in the treatment of myasthenia gravis (page 506). The description and discussion of psychomotor attacks (page 572) is hardly adequate. Vertebral angiography cannot be briefly dismissed, and the limitations listed by the author either are not correct or are not pertinent. Obviously, these are all minor isolated points and do not reflect unfavorably on the obvious worth of the book as a whole.

Die Blutgerinnung in Theorie und Praxis. Von Dozent Dr. Josef Schmid, Assistant der II. medizinischen Universitätsklinik in Wien. Band IV, Wiener Beiträge zur inneren Medizin, herausgegeben von Dozent Dr. Hanns Fleischhacker. Cloth, $12. Pp. 444, with 135 illustrations. Wilhelm Maudrich, Spitalgasse 1B, Wien IX/2, 1951.

This well-organized book represents an attempt to compile the world literature concerning all problems related to blood coagulation, including the scientific as well as the practical clinical aspects. The extensive Anglo-American literature in this field is thus made available to the German reader. The data presented are fairly complete. Where possible, the clinically important facts are emphasized and existing arguments are pointed out. The various activating and inhibiting factors in blood coagulation are individually discussed. In addition, clot retraction, fibrinolysis, and hemolysis are presented in separate chapters. Additional chapters, often with a historical review, are devoted to hemophilia, thrombopenia, thrombosis, and other diseases with disturbed blood coagulation. The modern therapeutic applications are clearly pointed out. Special care has been given to a good description of methods in use, which is documented by a large number of graphs. The relative completeness of the available information makes this book a valuable reference also for the American scientist and physician.

Lumbar Puncture and Spinal Analgesia. By R. R. Macintosh, M.A., D.M., D.A., Nuffield Professor of Anæsthetics, University of Oxford. Cloth, $4.50. Pp. 149, with 111 illustrations by M. McLarty. Williams & Wilkins Company, Mount Royal and Guilford Aves., Baltimore 2, 1951.

The author of this book is well-known for his publications dealing with the teaching of fundamentals in anesthesia by the pictorial method. This volume represents another valuable contribution, which is greatly enhanced by the many excellent illustrations. The essential objectives of this publication are to provide a technical guide for physicians learning the fundamentals of lumbar puncture and spinal analgesia and to aid surgeons who, though expert in lumbar puncture, are unfamiliar with the basic principles and management of spinal analgesia.

A brief presentation of the early history of spinal analgesia is followed by a concise review, profusely illustrated, of the basic anatomy involved in this type of analgesia, as well as a detailed discussion of cerebrospinal fluid. A short but excellent chapter on sterilization forms a particularly valuable section of this book. The technique of lumbar puncture is followed by consideration of the distribution of various analgesic solutions. The final chapter on "Do's, Don'ts and Doubtful's" is preceded by a brief discussion of headache. Emphasis throughout is on anatomic and physiological principles. The pharmacologic aspect of spinal analgesia has but occasional consideration. The work would be of greater value if this section were expanded, including additional information regarding the relative toxicity and irritating qualities of various spinal analgesic drugs and solutions. Previous authors are not in agreement with the views expressed in this book concerning the management of aseptic meningitis. The volume is logically organized and well integrated. An adequate number of important references appear at the close of each chapter. The simplicity and clarity of this presentation should appeal to all who desire brief and basic information regarding lumbar puncture and spinal analgesia. Printing and binding are excellent.

Ocular Toxoplasmosis. By Michael J. Hogan, Associate Clinical Professor of Ophthalmology and Clinical Director of the Francis I. Proctor Foundation for Research in Ophthalmology, University of California Medical School, San Francisco. Cloth, $2.75. Pp. 86, with 28 illustrations. Published for American Ophthalmological Society by Columbia University Press, 2960 Broadway, New York 27; Oxford University Press, Amen House, Warwick Sq., London, E.C.4, 1951.

This monograph, prepared originally as a thesis for the American Ophthalmological Society, was considered important enough by the society to be issued as a special publication. It summarizes well the current knowledge on toxoplasmosis as it affects the eye. The principal involvement is retinitis or chorioretinitis, usually in the macular or perimacular region, which results chiefly from infection during intrauterine life. A positive diagnosis is to be made on the basis of clinical findings with isolation of the Toxoplasma. The author believes the complement fixation tests and methylene blue dye tests to be most reliable in arriving at a probable diagnosis.

The author reports five cases of congenital toxoplasmosis and histological findings on the second eye in a case previously reported. In experimental toxoplasmosis in rabbits there was localization of the lesion in the uveal tract when peritoneal exudate from Toxoplasma-infected mice was injected into the carotid artery. All drugs studied proved to be ineffective in controlling experimental toxoplasmosis in mice. This well-written volume is of importance to anyone interested in toxoplasmosis or in the problem of the etiology of uveitis.

Primary Carcinoma of the Liver: A Study in Incidence, Clinical Manifestations, Pathology and Ætiology. By Charles Berman, M.D., B.Ch., Senior Medical Officer, Consolidated Main Reef Mines and Estate, Ltd., Maraisburg, Transvaal, South Africa. With foreword by Sir Ernest Kennaway, M.D., D.Sc., F.R.S., and introduction by Henry Gluckman, M.R.C.S., L.R.C.P. Produced by means of grant from South African Council for Scientific and Industrial Research. Cloth, 35s. Pp. 164, with 83 illustrations. H. K. Lewis & Co., Ltd., 136 Gower St., London, W.C.1, 1951.

This study is based on extensive clinical and pathological experience with hepatic cancer in the male Bantu in South Africa, supplemented by investigation of many case records of cases occurring in this area as well as by a diligent and rather complete survey of the world literature on this subject.

The result is a well-organized study from which information about hepatic carcinoma can rapidly be obtained. Good illustrations assist in the presentation. The book has four parts. The first deals with the geographical and racial distribution of hepatic cancer. It reveals that this disease is commonest among the Bantu tribe in South Africa, less common in the Oriental races, but here still of much higher incidence than in Western people. The second part deals with clinical manifestations. Frank, acute abdominal, febrile, occult, and metastatic forms are well-described. Little optimism is exhibited concerning therapy. The third part contains pathological description, and it is emphasized that in the author's material cirrhosis was almost invariably present. The fourth part deals with etiology. The importance of environmental rather than genetic factors is emphasized (the incidence in the American Negro is low). Malnutrition leading to cirrhosis is considered the main etiological factor, although others are not excluded. Finally, experimental production of hepatic cancer by carcinogens is relatively briefly reviewed. The book is valuable because it makes readily accessible information that is otherwise widely dispersed.

QUERIES AND MINOR NOTES

TREATMENT OF DRUG ADDICTION

TO THE EDITOR:—*"Merck's Manual," 8th edition (page 1104), outlines a method of treatment for drug addiction according to the methadone withdrawal schedule. Can such treatment be successfully carried out in a physician's office in mild cases? How can addicts be helped, especially those who refuse to be hospitalized at Louisville?* *M.D., New York.*

ANSWER.—The usefulness of methadone hydrochloride in the withdrawal treatment of heroin and morphine addiction was established at the United States Public Health Service Hospital in Lexington, Ky., and continues to be the best method; it is in daily use there as outlined in "Merck's Manual." Withdrawal in cases in which physical dependence has been established should be attempted only in a closed hospital situation. Persons who have used heroin intravenously or intranasally several times daily for several months will certainly have established physical dependence. Proof of this would be in the appearance of recognized withdrawal signs if the drug is withheld for 24 hours. Narcotic addiction, of course, usually represents a symptom of an underlying personality disorder, and, as is frequently the case in this type of illness, there may be little insight and little desire for treatment. Unless he is compelled by court procedure to undergo treatment, the patient must be persuaded that his addiction is a serious enough condition to justify his taking several months of his life in order to obtain the necessary hospital treatment. Application for voluntary treatment at the Public Health Service Hospitals in Lexington, Ky., and Fort Worth, Texas, may be addressed to the Medical Officer in Charge of either institution. As voluntary patients they may demand their release against medical advice before completing treatment, but, if readmission is subsequently sought, they must commit themselves through local court action, which is legally possible only at the Lexington hospital because of an existing Kentucky law.

The addict seeking gradual withdrawal treatment as an office procedure may be sincere but ignorant concerning such treatment or may be using one or more physicians as a source of drugs to continue his habit. A physician who prescribes drugs for the office withdrawal of addicts must expect to be closely scrutinized by federal narcotic agents, who believe that hospital withdrawal is the only feasible procedure.

TESTS FOR INCOMPLETE RH ANTIBODIES

TO THE EDITOR:—*In following an Rh-negative multipara through a pregnancy, can one rely on a negative blocking antibody test alone if performed regularly throughout the pregnancy?* *M.D., Illinois.*

ANSWER.—A variety of tests are in use for the detection of blocking or incomplete Rh antibodies antenatally in the serums of Rh-negative multiparas. Of these tests, the least sensitive is the blocking test; the conglutination test is more sensitive, while the most sensitive tests are the antiglobulin test and tests with enzyme-treated cells. If the results of the most sensitive tests, namely, the antiglobulin tests and/or test with enzyme-treated cells, are negative, one may predict with certainty that the baby, even though Rh-positive, will not be erythroblastotic, provided that other rare sensitizations, such as to the A and B agglutinogens or Kell factor, are also excluded. When the result of the conglutination test is negative, but results of tests with enzyme-treated cells or with the anti-globulin method are positive, the Rh-positive baby will as a rule be so mildly affected that no treatment will be required. When results of tests with the conglutination method are distinctly positive, the Rh-positive baby will generally be affected, and the severity of the manifestations tend to parallel the antibody titer, though notable exceptions occur. Positive results of the least sensitive method, namely, the blocking test, are usually of grave prognostic import, because this is often followed by a stillbirth or a severely affected erythroblastotic baby, though again exceptions may occur.

RABIES VACCINATION FOR DOGS

TO THE EDITOR:—*Will a single "shot" of rabies vaccine protect a dog from rabies? A local epidemic of rabies among wild animals prompts the question.* *M.D., North Dakota.*

ANSWER.—The single-injection method of rabies vaccination has been proved through long experience to provide adequate protection for dogs. Annual revaccination is recommended, although it is possible that some of the newer vaccines will give immunity for considerably longer than one year. During World War II, the United States Army Veterinary Corps had outstanding success with the three-injection method of immunization (a course of three weekly injections) in dogs used by the armed forces, but this method cannot be recommended where public cooperation is required.

TREATMENT FOR FRESH WOUNDS

TO THE EDITOR:—*Assuming that all other factors, such as suture material and gentleness are equal and as near ideal as possible, which of the following methods is preferred in the treatment of fresh, clean intentional wounds in human beings: (1) dry gauze for sponging without any irrigation of the wound, (2) sponges moistened in water and no irrigation, (3) sponges moistened with water and irrigated with water, (4) sponges moistened in saline and no irrigation, (5) sponges moistened in saline and irrigated with saline, (6) sponges moistened in Ringer's solution and no irrigation, or (7) sponges moistened in Ringer's solution and irrigated with Ringer's solution?* *M.D., Kentucky.*

ANSWER.—A fresh, clean intentional wound is best treated only with sponges moistened with isotonic (0.9%) sodium chloride solution. Water should not be used, and Ringer's solution has no added advantage.

NOCTURNAL CRAMPS

TO THE EDITOR:—*I have felt that the use of vitamin B in nocturnal cramps might help correct abnormal physiology in the muscle tissue but have been unable to substantiate this. In vitamin B deficiency there is incomplete oxidation of glucose in muscle tissue with an increase in pyruvate in the blood. Does this mean a local increase of pyruvic acid occurs in muscle in vitamin B deficiency? Would an increase of pyruvic acid in muscle tissue cause abnormal and sustained muscle contractions? What is the physiology of pyruvic acid in the human body?* *J. R. Burnett, M.D., Effingham, Ill.*

ANSWER.—Peripheral neuritis is the most common pathologic lesion of thiamine deficiency, and tenderness of the muscles, notably in the calves, is often a striking symptom. Cramps in the muscles have been complained of by patients suffering from grave and long-continued nutritive deficiency, notably of the vitamin B complex, but it is doubtful that the nocturnal cramps referred to, occurring under a variety of conditions, could be due to the accumulation of pyruvic acid in the muscles. This substance increases in the body fluids during the altered metabolism of thiamine deficiency, but there is no evidence of a "local increase of pyruvic acid" in muscle tissue. The difficulties of thiamine deficiency go much further than the mere accumulation of the pyruvates. The fate of pyruvic acid in the body is a long chemical story, adequately dealt with in the second edition of the "Handbook of Nutrition" of the American Medical Association, prepared under the auspices of the Council on Food and Nutrition (page 57).

The answers here published have been prepared by competent authorities. They do not, however, represent the opinions of any official bodies unless specifically stated in the reply. Anonymous communications and queries on postal cards cannot be answered. Every letter must contain the writer's name and address, but these will be omitted on request.

V 147
1951